



Indiana SUR User Manual

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1 Introduction

DSSProfiler takes a year's worth of claims data and processes it against Case Type files for clinical grouping of specific occurrences. A Case Type is a set of criteria that groups claims by predefined parameters. The parameters may be services performed, diagnosis code, provider types, etc. Case Types are not exclusive and claims can overlap Case Types since a claim may be included in more than one Case Type. For example, a Case Type for an office visit for a diabetic recipient would be included in a Case Type for diabetes and also office visits. The result is summarized data for provider profiling, exception reporting and treatment analysis studies.

2 SUR Processes

2.1 DSSProfiler

The DSSProfiler process is run quarterly using two inputs in the process, detailed service data and Case Type files. The DSSProfiler module provides a more in-depth age/gender adjusted view of the data. It also produces peer group comparisons. Through the profiler, you can produce provider and recipient profiles, outlier ranking, and treatment analysis reports.

The DSSProfiler processes of a year's worth of claims data, by date of service. The data is then run through a series of batch programs where it is grouped using the PA specific Case Type files. The summarized results of the DSSProfiler reports are stored in the DSSProfiler Universe. This Universe is used by both the standard DSSProfiler reports and ad hoc queries. The DSSProfiler produces many standard reports, which are user-prompt driven for flexibility. For additional detail on the DSSProfiler reports please refer to the DSSProfiler and DSSProfiler report sections of this manual.

3 SUR Inputs

The DSSProfiler receives information from the Business Objects.

3.1 DSSProfiler Business Function

The DSSProfiler Business Function furnishes detailed level data that has been age and gender adjusted and includes the following items:

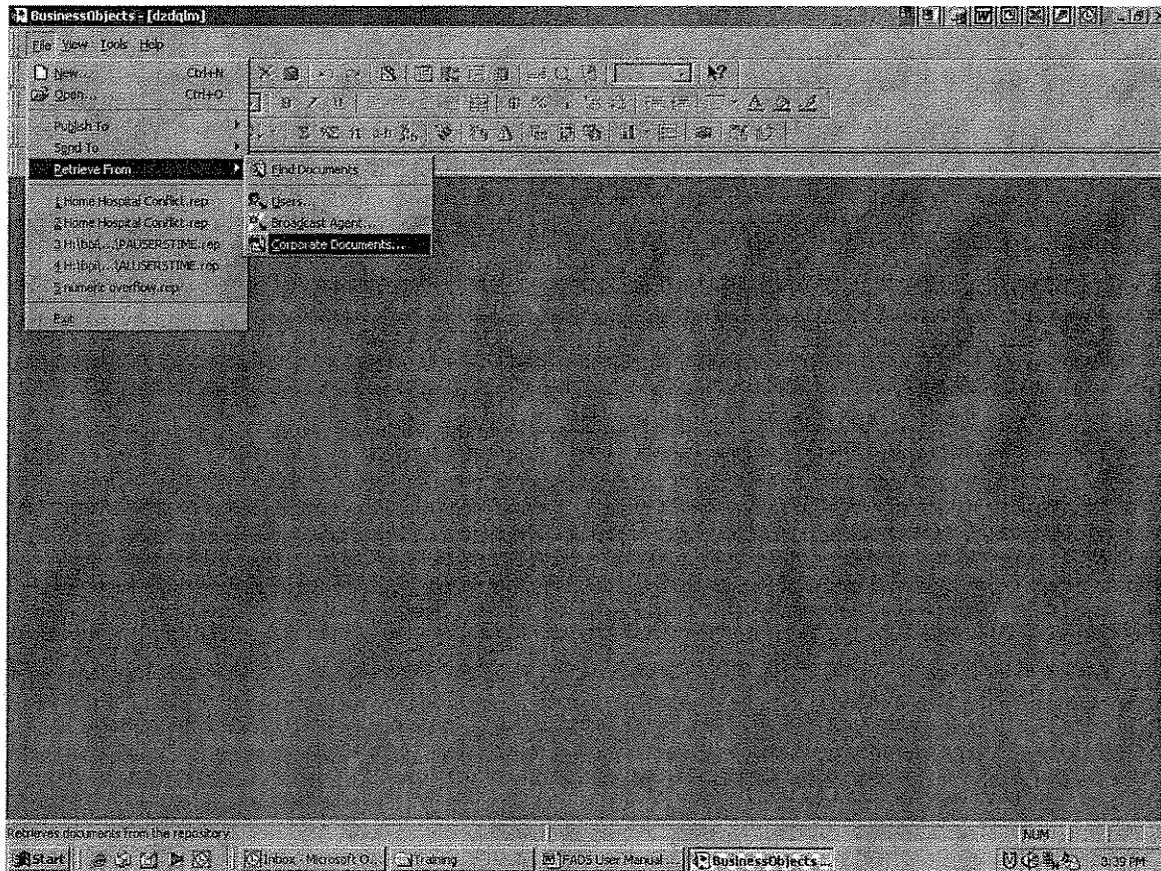
- Detailed level service data
- Case Type files

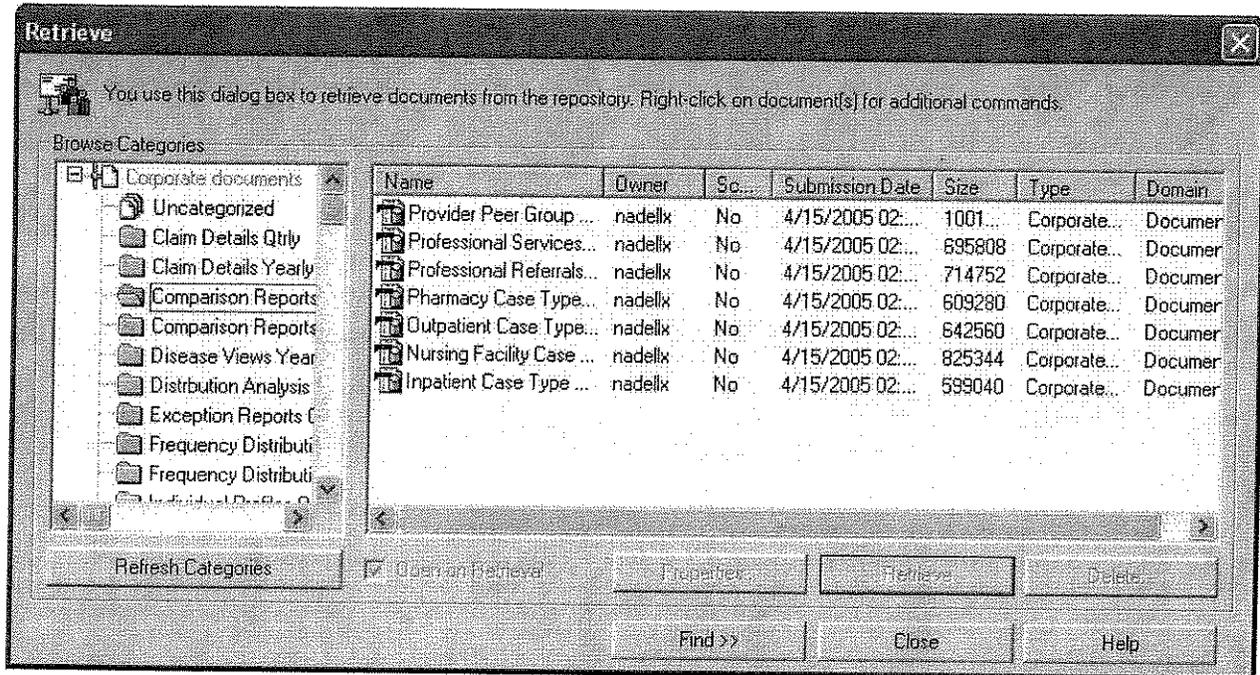
4 SUR Report Library

The SUR includes a central report library containing reports that have been published for use by all SUR users. The reports library can be accessed through both the full client version of Business Objects and Infoview.

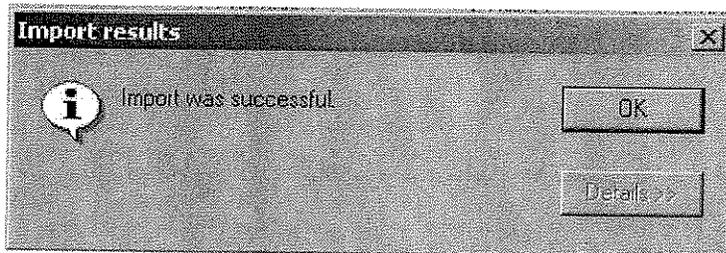
4.1 Full Client

In the full client version of BusinessObjects you can access the library by choosing File / Retrieve from / Corporate documents. You can also retrieve reports from other Users and the Broadcast Agent by selecting File /Retrieve From then either Users or Broadcast Agent.





A list of reports will appear. This section lists all BusinessObjects reports available to you. To assist with navigating through the list of reports you can use the drop down list box at the top of the window. Here you will find high-level categories such as the “Comparison Reports”. By selecting a particular category and selecting “Show only this category of documents”, the list of available reports is filtered to only the ones for the selected category. Select the desired report and click on Retrieve.

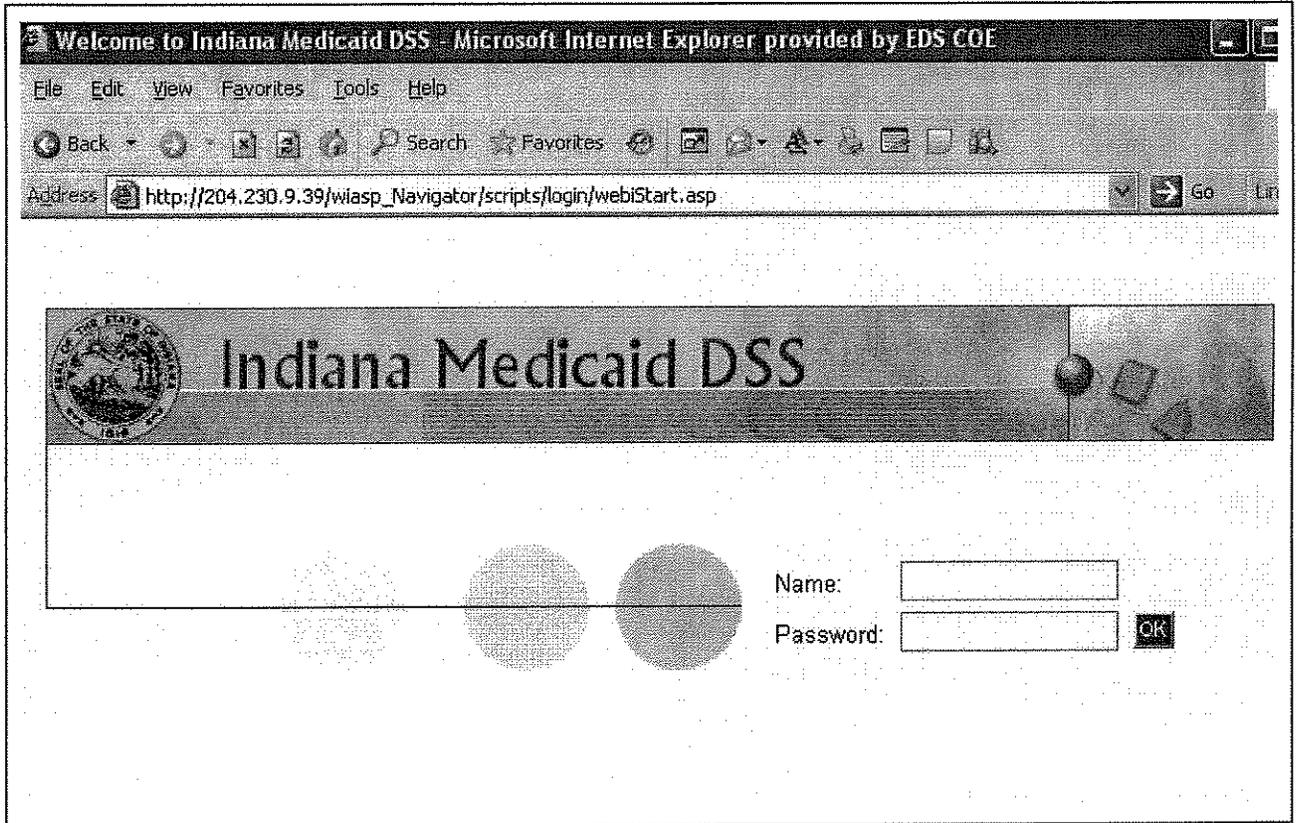


Select OK and report will come up.

4.2 Infoview

Here you can retrieve existing reports, check the status of batch queries or select to enter the query and reporting tool. Infoview is the gateway for the DSS and the repository for the reports intended to be shared among users.

To enter the library, you will open your desktop browser and proceed to http://204.230.9.39/wiasp_Navigator/scripts/login/webiStart.asp, the URL address for the Indiana Navigator. You can save this URL as a “favorite” within the browser for easy reference.



Once logged in, you will enter the welcome page for the Indiana DSS library.

Indiana Medicaid DSS

Home My InfoMenu Options Help

New Document
Create a new document from a Universe or from OLAP.
You can also [Add a document to Indiana Medicaid DSS from your computer.](#)

Corporate Documents
Access documents available to you and other users.
 Search
[Advanced...](#)

Scheduled Documents
View the scheduled list of documents and check their status.

Personal Documents
Access the documents you saved for your personal use, as well as the documents other users have sent to you.
[Inbox](#)

Applications
Launch additional applications.

Random Sample
[Random Sample Request](#)
[Random Sample Log](#)

DSSProfiler
Maintenance
[Case Type Maintenance](#)
[Peer Group Maintenance](#)
[Case Group Maintenance](#)

Depending on the access rights you've been given by your BusinessObjects supervisor, the navigation bar lets you access up to three different document catalogs.

The links on the left hand window panel provide quick access to other areas of the report library.

4.2.1 Indiana Medicaid DSS

- The Corporate Documents page: documents published to the corporate repository.
- The Personal Documents page: documents that you save for your own personal use.
- The Inbox Documents page: documents that have been sent to you by other users.
- The Scheduled Documents page: shows you the documents that were scheduled in the batch query facility Broadcast Agent Server.

4.2.2 Applications

- BusinessObjects: launches the BusinessObjects query and reporting tool.
- Random Sample Request: launches the Random Sample Request query if the you have approved access. If you do not have approved access, the Random Sample Request will not appear.
- DSSProfiler Maintenance: launches the Case Type Maintenance, Peer Group Maintenance windows if the you have approved access. If you do not have approved access, the DSSProfiler Maintenance will not appear.

4.2.3 Online Documentation

- BusinessObjects: launches the BusinessObjects on-line documentation.

The navigation bar also gives you access to other Infoview pages such as:

- Search: searches for a document.
- Options: modifies options such as changing a password and customizing the window.
- Logout: logs out of Infoview.

Corporate documents section lists all BusinessObjects reports available to you. To assist with navigating through the list of reports you can use the drop down list box entitled “categories” at the top of the window. Here you will find high-level categories such as the DSSProfiler. By selecting a particular category, the list of available reports is filtered to only the ones for the selected category.

Indiana Medicaid DSS - Microsoft Internet Explorer provided by FDS COE

File Edit View Favorites Tools Help

Back Search Favorites

Address: http://204.230.9.39:37000/wlasp_Navigator/scripts/login/webHome.asp?UTCOffset=-300

Welcome nadelix

Indiana Medicaid DSS

Home My InfoView Options Help Logout

Corporate Documents

Corporate Categories > All Documents

76 Document(s) View Details Add to My InfoView

List refreshed: 05/03/2005 08:36:29 AM

Name	From	Date	Size
Inpatient Attending Provider Profile	nadelix	04/13/2005 03:15:28 PM	713 K
Inpatient Billing Provider Profile	nadelix	04/13/2005 03:15:28 PM	573 K
Inpatient Billing Provider Profile Ctrl	nadelix	04/13/2005 03:45:49 PM	567 K
Inpatient Case Type Comparison by Peer Group	nadelix	04/14/2005 03:12:00 PM	656 K
Inpatient Case Type Comparison by Peer Group Ctrl	nadelix	04/15/2005 02:30:44 PM	585 K
Inpatient Case Type Comparison by Peer Group Ctrl HTML	nadelix	11/11/2004 06:52:15 PM	608 K
Inpatient Disease Global View	nadelix	04/15/2005 02:11:37 PM	3,145 K
Inpatient Disease Quick View	nadelix	04/15/2005 02:11:37 PM	444 K
Inpatient Distribution Analysis	nadelix	04/15/2005 02:24:23 PM	997 K
Inpatient Frequency Distribution	nadelix	04/15/2005 04:30:03 PM	546 K
Inpatient Frequency Distribution Ctrl	nadelix	04/15/2005 04:35:07 PM	434 K
Inpatient Recipient Case Type Comparison by Peer Group	nadelix	04/28/2005 08:34:11 AM	408 K
Inpatient Referring Provider Profile Ctrl	nadelix	04/13/2005 03:45:49 PM	1,044 K
Medical Records Request	keisepj	04/16/2005 05:01:54 PM	595 K
Non-institutional Worksheet	keisepj	11/10/2004 03:12:25 PM	474 K
Nursing Facility Billing Provider Profile	nadelix	04/13/2005 03:15:28 PM	3,280 K
Nursing Facility Billing Provider Profile Ctrl	nadelix	04/13/2005 03:45:49 PM	597 K

Local intranet

1. Click Add a Document in the navigation bar.
2. Click Browse to search for the document, or enter the file name with its path in the Enter the file to upload text box.
3. Select Send.
4. Give a name to the document and select users you want to send.

The Upload and publish as corporate document window appears.

1. Click Browse to search for the document, or enter the file name with its path in the Enter the file to upload text box.
2. Enter a name for the document in the Assign a document name to the file text box.
3. Select Save.
4. Select Save as a Corporate Document.
5. In the document description box, enter a description if you wish. Descriptions are displayed in document lists when the document list is in Expanded mode.
6. If you wish, assign the document to one or more corporate categories by highlighting your choice(s) in the Select categories list:
 - To assign the document to a single category, click the category in the list box.
 - To assign the document to more than one category, hold down the Ctrl key while clicking the desired categories in the list box.
 - If the document is already assigned to a category and you want to remove it, just click the highlighted category. To remove the document from multiple categories, hold down the Ctrl key while clicking the categories.
 - If you want to assign the document to a category that isn't in the category list, click Categories to open the Category Management page.

The following window shows how you can add to the report library by uploading files, if your ID has sufficient privileges.

The screenshot shows the 'Add Document' window. At the top, there is a header with the text 'Welcome nadellx' and 'Indiana Medicaid DSS'. To the right of the header are several icons: Home, My InfoView, Options, Help, and Logout. Below the header, the title 'Add Document' is displayed, followed by the instruction 'Select a document and add it to Indiana Medicaid DSS.' A 'File path:' label is positioned to the left of a text input field. To the right of the input field is a 'Browse...' button. At the bottom left of the window are 'OK' and 'Cancel' buttons.

The screenshot shows the 'Recipient Detail Report' window. At the top, there is a header with the text 'Welcome nadellx' and 'Indiana Medicaid DSS'. To the right of the header are several icons: Home, My InfoView, Options, Help, and Logout. Below the header, the title 'Recipient Detail Report' is displayed, followed by the instruction 'Send this document to other users'. Below this instruction are two tabs: 'Main' and 'Users'. The 'Users' tab is currently selected. Below the tabs, there is a label '* Domain:' followed by a dropdown menu showing 'Document'. Below this is a 'Search:' label followed by a text input field and a 'Search' button. Below the search field are two empty rectangular boxes. Between these two boxes are two buttons: 'Add >>' and '<< Remove'. At the bottom right of the window, there is a note '* Indicates a required field'. At the bottom left of the window are 'OK', 'Close', and 'Apply' buttons.

To upload a document and make it available to other users:

The following window shows the Inbox documents section of the library:

Indiana Medicaid DSS

Home My InfoView Options Help Logout

Inbox

Personal Categories > Inbox

1 Document(s) in **Inbox** [View List](#) [Add to My InfoView](#) List refreshed: 04/19/2005 03:21:36 PM

Dental All Claims Dates Test
 Domain: Document
 From: super
 Date: 01/24/2005 11:31:25 AM
 Size: 40 K
 Edit Delete Properties

[Corporate Documents](#) [Personal Documents](#) [New Document](#) [Scheduled Documents](#)

Your Inbox Documents page contains documents that other people have created and mailed to you.

You can access this list by clicking Inbox Documents in the navigation bar. To view a document, just click its name.

When this document list is in Expanded mode, the last line in the document's entry contains links, which permit you to do the following without even opening the document:

- If the document was created using WebIntelligence, load the document's data into a spreadsheet such as Microsoft Excel
- If the document was created using BusinessObjects, download the document as a .rep file
- Save the document for your own use as a personal document
- Publish the document to the corporate repository to make it available to a broad number of users
- Send the document to other users

- Delete the document

The following is a window of the search window within the report library:

Welcome nadellx

Indiana Medicaid DSS

Home My Info Menu Options

Search Document(s)

Search for the documents available to you.

Select a place to search

Where:

- Corporate Documents
- Personal Documents
- Inbox Documents

Which Document(s)

Document name contains: (blank for all documents)

and Sender/Publisher Name contains:

and Keywords contain:

In addition

Sort results by:

- Document Name
- Sender/Publisher Name
- Document Size
- Document Type:

Document date is between: January / 1 / and January / 1

** indicates a required field*

The Search page lets you search through documents stored in the corporate documents, personal documents, or inbox storage areas.

You can search for a document using four criteria:

- A matching expression in document name
- A matching expression in an author's name
- The date the document was last updated between two specified dates
- The document's keyword(s)

Note: This search only returns documents that correspond to both your search criteria and your access rights. For example, if a particular document matches the criteria you requested, but you don't have the right to view the document, InfoView doesn't show the document in the list of matching documents.

4.3 SUR Reports

A detailed list of SUR Reports can be accessed by clicking on the following link:

[SUR Report Listing](#)

5 DSSProfiler

As noted in the previous section, you can access the DSSProfiler reports through both the Infoview Library and the BusinessObjects Full Client desk top application

The DSSProfiler is an integrated query, reporting and analysis tool that uses information generated by the MMIS as its primary source of data. The Profiler allows for profiling of providers and recipients whether to compare utilization rates among a specific group of providers or profiling a single provider or recipient.

DSSProfiler reports can be retrieved from Corporate Documents in the same way as other reports. DSSProfiler reports are divided into Eight main groups. They are Claim Detail, Comparison Profiles, Disease Views, Distribution Analysis, Exception Reports, Frequency Distributions, Individual Profiles and Recipient Views. Each group contains several reports composed of several tabs of details used to display data for selected recipients, providers and diseases. Ad hoc reports can also be generated utilizing the Profiler universe. General descriptions of the groups and reports are provided later in this section.

5.1 DSSProfiler Peer Comparison Process

One of the primary functions of the DSSProfiler (Profiler) is to compare health care providers or recipients with others of a similar nature to determine which are providing or receiving services that are significantly different. To do this the Profiler calculates an expected level of reimbursement for each provider or recipient based on average reimbursement for the peer group. In Indiana the peer groups are Provider Specialty and Recipient Aid Category respectively.

In order to ensure a valid comparison the Profiler is capable of making adjustments based on the Age, Sex, and Morbidity (health status) characteristics of a provider's patient population. Due to the high cost of using the industry standard John's Hopkins ACG grouper as a measure of recipient morbidity, many clients have opted to adjust by Age and Sex only. In either case, the calculation of the expected amount reimbursement uses the same concept. Adjusting for the different mix of patients seen by each provider provides a more accurate comparison of providers. The adjustment for Age/Sex/ Morbidity is at the heart of arriving at the 'Difference from expected amount' which is used in comparing providers.

5.1.1 Peer Group Comparison Example

The Profiler Peer Group Comparison report displays and compares all providers within a peer group to determine which providers fall outside of service dollar 'norms' in terms of reimbursement. All information is age and sex adjusted so that differences in patient mix do not affect the results. Providers who are 2 standard deviations above or below the 'norm' for the peer group are highlighted.

What follows is an explanation of how the expected amount is age and sex adjusted so that differences in patient case mix do not affect the results. In order to determine if a provider exceeds 2 standard deviation above or below the norm, the following is done for each Peer Group / Case Type combination;

1. Calculate expected amount for provider
2. Determine reimbursed amount for provider
3. Calculate mean and standard deviation
4. Determine Exception Status

5.1.2 Calculate Expected Amount for Provider

The 'expected amount' calculations within the Profiler provide the basis for comparing providers within a provider peer group against each other by eliminating the differences in the patient mix of each individual provider. These calculations are based on actual claims for a specific time period, usually one year. The expected amounts are calculated for each Peer Group and Case Type. A provider peer group is the grouping together of providers to be analyzed by the reports. In Indiana the Provider Specialty is used as criteria to place a provider into a Peer Group. A Case Type is a set of criteria that groups claims billed for recipients within a predefined group. Such groups include services performed, diagnosis code, provider type or other parameters. Case Types are not exclusive and can overlap since claims may be included in more than Case Type grouping. For example, a claim for an office visit for a diabetic recipient would be included in a Case Type for diabetes and for office visits.

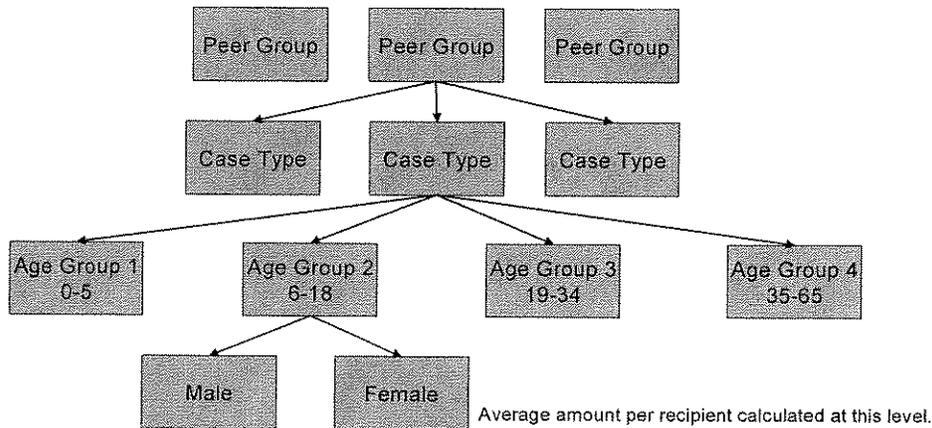
There are two major steps in the calculation of the expected amount:

STEP 1: Determine average reimbursed amount per recipient for each Peer Group, Case Type, Age and Sex combination.

This process basically counts the number of recipients and the total reimbursed amount for each combination and computes an average amount per recipient. (Reimbursed Amount divided by unduplicated recipient counts for each combination)

These averages form the basis of the expected amount calculation. The following graphics show the decision trees involved in getting this average.

DSSProfiler Decision Tree (without morbidity)



STEP 2: Determine the individual provider's expected amount.

This process analyzes the individual provider's patient mix (the recipients that the provider serves) and applies the peer group average for the Case Type to each recipient in the mix.

For example, provider A has 8 patients and is in the 'Physician' Peer Group:

Provider A's patient mix based on actual claims for the 'Typhoid' Case Type during the time period being examined:

Female, age < 5 = 876.35 per recipient

Female, age 18 = 4532.99 per recipient

Male, age 18 = 1345.76 per recipient

Male, age 65 = 986.45 per recipient

Note that age actually denotes an age range, not individual ages of the recipients.

The expected amount is then calculated by multiplying the number of patients in the category times the peer based average:

Number of patients in category * peer group based average, so

$$2 * 876.35 = 1752.70$$

$$2 * 4532.99 = 9065.98$$

$$3 * 1345.76 = 4037.28$$

$$3 * 986.45 = 2968.35$$

Total expected: 17824.31

These amounts are calculated for all providers within each Peer Group for each defined Case Type. The expected amounts for each unique Case Type are summed to calculate the total expected amount for the provider.

5.1.3 Determine Reimbursed Amount for Provider

Next, the reimbursed amount for each provider is calculated. This is simply a summation of how much the provider was paid for all the recipients in the patient mix being examined. Continuing to use the example above the following could occur.

Provider A's Actual Reimbursement for each recipient:

Recipient 1 :Female, age < 5 = 976.35

Recipient 2 :Female, age < 5 = 1076.35

Recipient 3 :Female, age 18 = 6532.99

Recipient 4 :Female, age 18 = 5532.99

Recipient 5 :Male, age 18 = 2345.76

Recipient 6 :Male, age 18 = 3345.76

Recipient 7 :Male, age 18 = 2345.76

Recipient 8 :Male, age 65 = 1286.45

Recipient 9 :Male, age 65 = 986.45

Recipient 10:Male, age 65 = 1986.45

Total Actual 26424.31

5.1.4 Calculate Mean and Standard Deviation

Next the mean (norm) and standard deviation are calculated from all the providers differences between reimbursed and expected in the Peer Group / Case Type.

Continuing with the example:

The difference between expected and reimbursed amounts for all providers in the 'Physician' Peer Group are the following:

Provider	Expected Amount	Reimbursed Amount	Difference
A	17,824	26,424	8,600
B	14,247	24,359	10,112
C	22,040	21,589	(451)
Provider	Expected Amount	Reimbursed Amount	Difference
D	18,357	16,464	(1,893)
E	16,675	20,825	4,150
F	23,997	26,842	2,845
G	23,728	23,227	(501)
H	20,877	19,756	(1,121)
I	21,744	24,218	2,474
J	15,662	13,888	(1,774)

The calculated mean of the differences would be: 2244

The standard deviation of the differences would be: 4291

5.1.5 Determine Exception Status

Now that the mean and standard deviation have been calculated, each provider's 'Dollar Difference from Expected' is compared to the mean. If the provider's difference is more than 2 standard deviations above or below the mean of the differences, that provider is marked for possible further review by highlighting the provider in red.

Continuing with the example:

In the example, two providers, A&B, have differences between expected and reimbursed amounts that are more than two standard deviations from the norm. Each of these providers is highlighted in red on the report.

5.1.6 Other DSSProfiler Reports

Provider versus peer group comparisons on all Profiler reports follow this same basic methodology. In the Provider Profile exception status is determined at the Case Type detail level.

5.2 Categories of DSSProfiler Reports

DSSProfiler reports are grouped into 13 categories. The categories are

- DSS Profiler Qtrly - Claim Details
- DSS Profiler Qtrly - Comparison Reports
- DSS Profiler Qtrly - Exception Reports
- DSS Profiler Qtrly - Frequency Distribution
- DSS Profiler Qtrly - Individual Profiles
- DSS Profiler Qtrly - Recipient Views
- DSS Profiler Yrly - Claim Details
- DSS Profiler Yrly - Comparison Profiles
- DSS Profiler Yrly - Disease Views
- DSS Profiler Yrly - Distribution Analysis
- DSS Profiler Yrly - Frequency Distribution
- DSS Profiler Yrly - Individual Profiles
- DSS Profiler Yrly - Recipient Views

5.2.1 DSS Profiler Qtrly – Claim Details

- The DSSProfiler lets the user drill down to the detail level for all case type categories within the system. These reports displays all detailed claims information categorized by the individual case types. Additionally, the top procedures and diagnoses are displayed, as well as a list of billing and performing providers. These reports show all claims activity for a recipient or provider. The reports found in the Quarterly Claims Details category are:
 - Claim Details by Recipient Qtrly
 - Inpatient Claim Details by Billing Provider Qtrly
 - Inpatient Claim Details by Provider Qtrly
 - Nursing Facility Claims Details by Billing Provider Qtrly
 - Nursing Facility Claims Details by Provider Qtrly

- Outpatient Claim Details by Billing Provider Qtrly
- Outpatient Claim Details by Provider Qtrly
- Pharmacy Claim Details by Billing Provider Qtrly
- Pharmacy Claim Details by Provider Qtrly
- Professional Claim Details by Billing Provider Qtrly
- Professional Claim Details by Provider Qtrly
- Professional Referral Details by Provider Qtrly

5.2.2 DSS Profiler Qtrly - Comparison Profiles

Reports in the Qtrly Comparison Profiles group contain documents that compare providers to their peers by Case Type. Six reports are broken out by the type of service being provided and compare all individuals to the entire peer group. The Peer Group Comparison Qtrly compares an individual provider to the peer group. The reports for comparison profiles are:

- Inpatient Case Type Comparison by Peer Group Qtrly
- Nursing Facility Case Type Comparison by Peer Group Qtrly
- Outpatient Case Type Comparison by Peer Group Qtrly
- Pharmacy Case Type Comparison by Peer Group Qtrly
- Professional Referrals Case Type Comparison Qtrly
- Professional Services Case Type Comparison Qtrly
- Provider Peer Group Comparison Qtrly

5.2.3 DSS Profiler Qtrly - Exception Reports

These reports show provider or recipient exception trending for a period of 12 months by quarter.

- Delayed Surgery Summary
- Facility Visits Exception Report
- Inpatient Exception Qtrly
- Nursing Facility Exception Qtrly
- Office Visit Exceptions Qtrly
- Outpatient Exception Qtrly
- Pharmacy Exception Qtrly
- Physician Office Visits by TANF Families
- Physician Office Visits by Recipient

- Professional Exception Qtrly
- Professional Referral Exception Qtrly
- Recipient Exception Quarterly

5.2.4 DSS Profiler Qtrly - Frequency Distribution

These reports show for each professional Case Type and peer grouping, the distribution of services within the 10th, 25th, 50th, 75th, 90th, and 95th percentiles based on the number of providers reported within a Case Type and peer grouping for a quarter.

- Inpatient Frequency Distribution Qtrly
- Nursing Facility Frequency Distribution Qtrly
- Outpatient Frequency Distribution Qtrly
- Pharmacy Frequency Distribution Qtrly
- Professional Referrals Frequency Distribution Qtrly
- Professional Services Frequency Distribution Qtrly

5.2.5 DSS Profiler Qtrly – Individual Profiles

These reports show provider profiles for a period of 12 months by quarter.

- Inpatient Referring Provider Profile Qtrly
- Inpatient Billing Provider Profile Qtrly
- Nursing Facility Billing Provider Profile Qtrly
- Nursing Facility Provider Profile Qtrly
- Outpatient Billing Provider Profile Qtrly
- Outpatient Referring Provider Profile Qtrly
- Pharmacy Billing Provider Profile Qtrly
- Pharmacy Prescribing Provider Profile Qtrly
- Professional Billing Provider Profile Qtrly
- Professional Performing Provider Profile Qtrly
- Professional Referring Provider Profile Qtrly

5.2.6 DSS Profiler Qtrly - Recipient Views

Reports in the Qtrly Recipient Views group contain documents that detail recipient claims, compare all recipients to their peer group, and compare individual recipients to their peer group. The reports utilize the various Case Types to compare services utilized by recipients by quarter.

- Inpatient Recipient Case Type Comparison Qtrly
- Nursing Facility Recipient Case Type Comparison Qtrly
- Outpatient Recipient Case Type Comparison Qtrly
- Pharmacy Recipient Case Type Comparison Qtrly
- Professional Recipient Case Type Comparison Qtrly
- Recipient Frequency Distribution Qtrly
- Recipient Peer Group Comparison Qtrly
- Recipient Profile Qtrly

5.2.7 DSS Profiler Yrly - Claim Details

Through the Claim Detail reports, the DSS Profiler lets you drill down to the detail level for all Case Type categories within the system. The Detail reports display all detailed claims information categorized by the individual Case Types. The five reports for claim details are:

- Inpatient Claims Details By Billing Provider
 - Inpatient Claims Details By Provider
 - Nursing Facility Claim Details by Billing Provider
 - Nursing Facility Claim Details by Provider
 - Outpatient Claim Details by Billing Provider
 - Outpatient Claim Details by Provider
 - Pharmacy Claim Details by Billing Provider
- Pharmacy Claim Details by Provider
- Professional Referral Claim Details by Provider
- Professional Services Claim Details by Billing Provider
- Professional Services Claim Details by Provider

5.2.8 DSS Profiler Yrly - Comparison Profiles

Reports in the Yrly Comparison Profiles group contain documents that compare providers to their peers by Case Type. Six of the seven reports are broken out by the type of service being provided and compare all individuals to the entire peer group. The seventh report, Peer Group Comparison, compares an individual provider to the peer group. The reports for comparison profiles are:

- Inpatient Case Type Comparison by Peer Group
- Nursing Facility Case Type Comparison by Peer Group
- Outpatient Case Type Comparison by Peer Group
- Pharmacy Case Type Comparison by Peer Group
- Professional Referral Type Comparison by Peer Group
- Professional Services Case Type Comparison by Peer Group
- Provider Peer Group Comparison

5.2.9 DSS Profiler Yrly - Disease Views

These documents take a look at utilization from a disease perspective. The report allows you to choose a case type that represents a particular diagnosis or group of diagnoses and view summary data of all services paid. The document also allows you to view the age and gender mix of recipients with the diagnosis.

- Inpatient Disease Global View
- Inpatient Disease Quick View
- Nursing Facility Disease Quick View
- Outpatient Disease Quick View
- Pharmacy Disease Quick View
- Professional Disease Global View
- Professional Disease Quick View

5.2.10 DSS Profiler Yrly - Distribution Analysis

The reports contained in this section provide an overview of several parameters and exceptions for the entire peer group for professional services for a year. The Professional Distribution Analysis Report, for example, shows totals for all professional Case Type within the selected peer group. The totals include amount paid, the number of unduplicated recipients, claim counts, quantity, and total number of exceptions. It provides a quick view of which Case Types, or services categories may need to be reviewed in more detail.

- Inpatient Distribution Analysis
- Outpatient Distribution Analysis
- Pharmacy Distribution Analysis
- Professional Distribution Analysis
- Professional Referral Distribution Analysis

5.2.11 DSS Profiler Yrly - Frequency Distribution

These reports show for each professional Case Type and peer grouping, the distribution of services within the 10th, 25th, 50th, 75th, 90th, and 95th percentiles based on the number of providers reported within a Case Type and peer grouping for a year.

- Inpatient Frequency Distribution
- Nursing Facility Frequency Distribution
- Outpatient Frequency Distribution
- Pharmacy Frequency Distribution
- Professional Referrals Frequency Distribution
- Professional Services Frequency Distribution

5.2.12 DSS Profiler Yrly - Individual Profiles

The Yrly Individual Profiles provide a summary of services provided by individual providers. It also compares these services to the provider's peer group by case type.

- Inpatient Referring Provider Profile
- Inpatient Billing Provider Profile
- Nursing Facility Billing Profile
- Nursing Facility Provider Profile
- Outpatient Billing Provider Profile
- Outpatient Referring Provider Profile
- Pharmacy Billing Provider Profile
- Pharmacy Prescribing Provider Profile
- Professional Billing Provider Profile
- Professional Performing Provider Profile
- Professional Referring Provider Profile

5.2.13 DSS Profiler Yrly - Recipient Views

Reports in the Yrly Recipient Views group contain documents that detail recipient claims, compare all recipients to their peer group, and compare individual recipients to their peer group. The reports utilize the various Case Types to compare services utilized by recipients by quarter.

- Claim Details by Recipient
- Inpatient Recipient Case Type Comparison by Peer Group
- Nursing Facility Recipient Case Type Comparison Peer Group
- Outpatient Recipient Case Type Comparison Peer Group
- Pharmacy Recipient Case Type Comparison Peer Group
- Professional Recipient Case Type Comparison Peer Group
- Recipient Frequency Distribution
- Recipient Peer Group Comparison
- Recipient Profile

5.3 DSSProfiler Report List

Click on the following link to access the detailed DSSProfiler Report List:

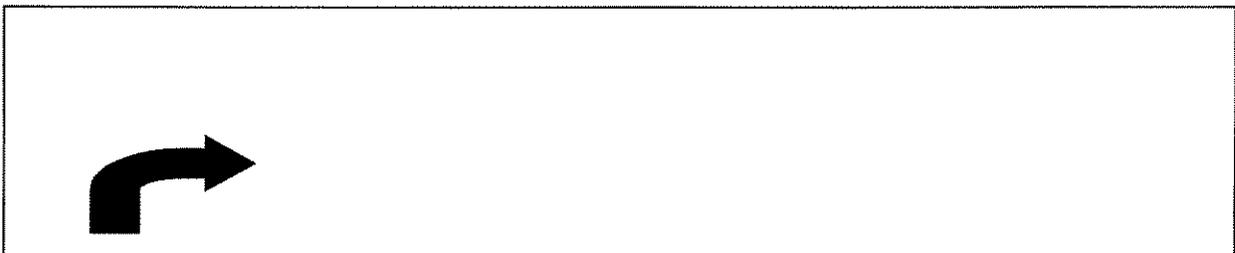
[DSSProfiler Report Listing](#)

5.4 How to Access DSSProfiler Reports

Profiler reports can be accessed via both the Infoview Library and the Full Version of BusinessObjects.

To view Profiler reports, select Corporate Documents and then the desired report. Click on the report or highlight the report and click retrieve. Once the report is opened it can be viewed or refreshed.

Profiler reports are globally refreshed once a quarter. If any parameters of the report such as provider type or ID change, the new condition(s) have to be entered as noted below and the report refreshed.



Refresh

Enter or Select Values

Aggregation Type:
1

Provider Peer Group:
431

Report Category:
3

OK
Cancel
Help
Values..

5.5 Profiler Specific Terminology

Profiler reports use terminology that is specific to the Profiler. These terms and explanations are as follows:

Aggregation codes Classifies the providers rendering services to recipients. There are two:

- 1- Fee for Service Claims by Servicing Provider
- 2- Encounter Claims by Servicing Provider
- 3- FFS and Encounter Claims by Servicing Provider
- 4- Fee for Service Claims by Billing Provider
- 5- Encounter Claims by Billing Provider
- 6- FFS and Encounter Claims by Billing Provider
- 7- Fee for Service Claims by Recipient
- 8- Encounter Claims by Recipient
- 9- FFS and Encounter Claims by Recipient

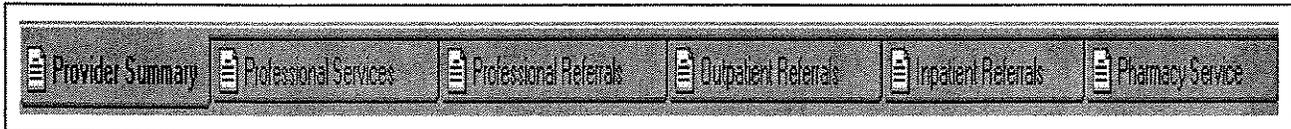
Expected Reimbursed Amount

A statistically estimated amount that represents the amount the reimbursement that a provider would be expected to have received for services rendered based on the Age/Gender mix of his patients and the actual reimbursement received by his peer group.

Case Type

A set of criteria that group claims billed for recipients within a predefined group. Such groups include services performed, diagnosis code, provider type or other parameter. Case Types are not exclusive and can overlap since claims may be included in more than Case Type grouping. For example, a claim for an office visit for an asthmatic recipient would be included in a Case Type for asthmas and for office visits.

Report tabs are located at the bottom of each main report. Each tab indicates what report or section of the report is available.



An example of one of the reports is shown here. For an inclusive list, refer to the DSSProfiler link in Section 5.3.

Provider Peer Group Comparison
 Compare by Dollar Difference
 DOS: 12/01/2003 - 01/31/2004

Run Date: 04/28/2005 Provider Peer Group: 339 - 114 HEALTH SERVICE PROVIDER IN PSY
 Run Time: 08:39:20 AM Aggregation Code: 1 - Fee for Service Claims by Servicing Provider
 User ID: nadelk Report Category: 1 - Professional Services

Line #	Rw Rank	Exp Rank	Provider ID	Provider Name	Dollar Difference from Expected	Number of Standard Deviations	Each * represent a \$5000 Difference From Center Line Rows in red indicate an Dollar Difference that is more than 2 standard deviations from the norm Standard Deviation = \$22,834
1	1	8	100474960		\$397,974.47	15.19	*****
2	2	24	100021100	WINSCH PHD HSPP DAVID L	\$255,978.34	11.46	*****
3	5	39	100997270	RUDOLPH SUSAN	\$185,394.57	8.31	*****
4	4	25	100964160	KNIGHT TIMOTHY	\$471,777.93	7.59	*****
5	3	1	100474870		\$92,282.56	3.69	*****
6	6	3	100474830		\$72,790.35	3.29	*****
7	12	82	200226850	PATTERSON KATHLEEN	\$48,800.52	2.19	*****
8	7	7	200154150	LEWIS SARAH L	\$47,528.90	2.19	*****
9	14	55	200018460	VANDERBECK D J	\$29,950.89	1.34	*****
10	9	19	200321420		\$27,083.13	1.21	*****
11	11	23	200387740		\$23,018.37	1.07	*****
12	13	22	200272480	WELLS ANNEMARIE	\$13,607.64	0.61	**
13	24	77	200376930	BURNHAM WOODS NORTH	\$11,188.92	0.50	**
14	28	57	100201460	MULVANEY PHD HSPP DALLAS E	\$5,292.17	0.24	*
15	40	101	200429840		\$3,640.44	0.18	
16	42	98	200000390	GUNN HSPP HARRY E	\$2,835.98	0.12	
17	15	17	200480160		\$2,442.15	0.11	
18	79	215	200019410	NATHAN MARILYN A	\$1,910.94	0.09	
19	65	149	100183850	INDIANA EVALUATION SERVICES INC	\$1,776.25	0.08	
20	54	143	200347860	PETERSEN JOHN A	\$1,438.23	0.06	
21	88	207	100222030	ROHDE DAN W	\$1,300.89	0.06	
22	154	289	200176039	FORT WAYNE RADIOLOGY ASSOCIATION LLC	\$924.07	0.04	
23	78	187	100201820	BUCUR RAYMOND R	\$800.43	0.04	
24	87	198	100342910	REYNOLDS RANDAL D	\$775.70	0.03	
25	232	523	200207110	RANDALL DERMATOLOGY PC	\$644.66	0.03	
26	178	303	100207930	MOISAN THOMAS PHD PATRICIA C	\$635.58	0.03	
27	49	95	100208950	DURAK GARY M	\$448.57	0.02	
28	171	280	200299330	SPENCER JENNIFER M	\$287.30	0.01	
29	198	311	100381940	GILLOGLY DAVID H	\$283.99	0.01	

6 Random Sample Reports

The Random Sample Request generates a random claim sample of data for either a provider or a recipient. It is accessed by selecting the Random Sample link on the Indiana Medicaid DSS Welcome page from the Navigator window. This functionality is granted to SUR users on an as needed basis. It should be noted that effective use of the Random Sampler requires a basic knowledge of statistical concepts.

6.1 Random Sampler Request Screen Tabs

6.1.1 Request Information Tab

The Request Information tab allows the user to generate a random claim sample for a provider or a recipient. On the Request Information tab the user sets up the basic information on the request, such as the provider/recipient, dates, and the sample size. Other tabs described later in this document include information on filtering the request.

Two layouts for this window are displayed below. The layout labeled A displays when the Provider radio button is selected. When the Recipient radio button is selected, layout B is displayed. The field names listed on the chart below have a letter in front designating the pertinent layout.

...

A

Request Information	Request Filters	Request Result	Request Log
Provider Information			
<input checked="" type="radio"/> Provider <input type="radio"/> Recipient		Run Title: <input type="text" value="Run Title One"/>	
Provider Role: <input type="text" value="All"/>	Provider ID: <input type="text" value="200121780"/>	Provider Location: <input type="text"/>	
Provider Name: <input type="text" value="HARBOR LIGHT HOSPICE"/>			
Run Criteria			
From Date: <input type="text" value="04/01/2003"/>	To Date: <input type="text" value="04/30/2005"/>	Date of: <input type="text" value="Service"/>	Purge Date: <input type="text" value="07/20/2005"/>
Provider Sort: <input type="text" value="Random ID"/>		<input type="checkbox"/> Retrieve 100% of Claims	
		<input type="checkbox"/> Crossover Claims	
Random Sample Criteria			
Confidence Level		Hit Ratio: <input type="text" value="25%"/>	Maximum Sample Size: <input type="text"/>
<input type="radio"/> 80%		Confidence Interval: <input type="text" value="7%"/>	Sample Type: <input type="text" value="Claim Detail"/>
<input checked="" type="radio"/> 90%		Estimated Population: <input type="text" value="1000"/>	
<input type="radio"/> 95%		Calculated Sample Size: <input type="text" value="366"/>	<input type="button" value="Calculate"/>
<input type="radio"/> 99%			
		<input type="button" value="Submit"/>	<input type="button" value="Delete"/>

B

To complete a Random Sample Request for a provider, you must enter or select values for the following:

- Provider Information Section – Provider Radio Button, Provider Role, Run Title, and Provider ID
- Run Criteria Section - First Date, End Date, Date of, Purge Date, and Provider Sort
- The Random Sample Criteria section - Confidence Level, Hit Ratio, Confidence Interval.

Following are descriptions of the fields on the Random Sample Request Information tab. Default values and read only fields are identified.

Fields	Description
(A)Provider (Provider Information)	When entering the Random Sample Result window, the Provider Result Information screen is displayed. When the user selects the Provider option, the Request Information Tab and Request Filters Tab resets. When the Provider radio button is selected, the following labels are displayed as Provider specific: Provider ID, Provider Name, Provider Location, Provider Sort and Filter Criteria (Request Filters Tab). The Provider radio button is the default.

Fields	Description
(A,B)Run Title (Provider/Recipient Information)	User defined Run Title for the request. Each Run Title must be unique for each request per user ID. The user's latest Run Title displays as the default.
(A)Provider Role (Provider Information)	The user may select from a list of roles: All, Billing, Performing, and Referring. When Provider Role is Performing or Referring, the Provider Location is hidden. The Provider Location field is optional.
(A)Provider ID (Provider Information)	The Provider Identification Number. When Provider ID is valid, the Provider Name is retrieved.
(A)Provider Location (Provider Information)	The Provider's service location suffix. A drop down box allows the user to choose the provider's location code. Only claims submitted under that location code for the requested provider are processed. The default is spaces. This field is optional. When Referring or Performing provider is selected, the Provider Location field is hidden.
(A)Provider Name (Provider Information)	The Provider's full name. The format is last name, first name, and initial for individuals. The format is the name of the institution for a group. The Provider Name is read only
(B)Recipient (Recipient Information)	If the user selects Recipient option, the Request Information Tab and Request Filters Tab are reset. When the Recipient radio button is selected, the following labels are displayed as Recipient specific: Recipient ID, Recipient Name, Recipient Sort, and Criteria (Result Filters tab).
(B)Recipient ID (Recipient Information)	The Recipient Medicaid ID. When Recipient ID is successfully entered, the Recipient's Name is retrieved.
(B)Recipient Name (Recipient Information)	Recipient full name. The format will be last name, first name. Recipient Name is read only
(A,B)From Date (Run Criteria)	The From Date for the claim selection. The date selection is done via a drop down calendar. From Date is read only.
(A,B)To Date (Run Criteria)	To Date for the claim selection. This selection will be done via a drop down calendar. To Date is read only.

Fields	Description
(A,B)Date of (Run Criteria)	The two date types are Service and Payment. If Service is selected, claims that have date of services between and equal to the Run Criteria from and to date range are processed. If Payment is select, claims that have dates of payment between and equal to the Run Criteria from and to date range are processed
(A,B)Purge Date (Run Criteria)	Indicates the date the Request is to be purged from the system. The date selection is done via a drop down calendar. When the Purge Date is changed successfully the following message is displayed: "Request ID 999's Purge Date Updated Successfully." Purge Date is read only. The default purge date is three months from the request date.
(A)Provider Sort (Run Criteria)	The provider sort options are pre-defined. The user may select one option from a drop down list. The Provider Sort option determines how the data on the Request Result screen is sorted. The Provider sorts are: (Random ID), (Recipient, Date of Service, Procedure Code), (Recipient, Provider, Procedure Code, Date of Service), (Recipient, Procedure Code, Date of Service), (Procedure Code, Date of Service, Recipient), (Recipient, Date of Payment, Procedure Code), (Date of Service, Procedure Code, Recipient), (Recipient, Date of Service, Therapeutic Class, NDC Code), (Recipient, Referring Provider, Procedure Code, Date of Service), (Recipient, Procedure Code, Date of Service, Place of Service), (Recipient, Date of Service, Procedure Code, Place of Service), (Place of Service, Date of Service, Recipient), (Procedure Code, Recipient, Date of Service), (Date of Service), (ICN), (Benefit Plan), (Diagnosis Code).
(B)Recipient Sort (Run Criteria)	The recipient sort options are pre-defined. The user may select one option from a drop down list. The Recipient sorts are: (Random ID), (Provider, Date of Service, Procedure Code), (Date of Service, Provider, Procedure Code), (Procedure Code, Date of Service, Provider), (Date of Service, Procedure Code, Provider), (Diagnosis Code, Date of Service, Procedure Code), (Procedure Code, Date of Service, Place of Service), (Date of Service, Procedure Code, Place of Service, Provider), (ICN, Date of Service, Procedure Code), (Procedure Code, ICN, Date of Service), (Recipient Aid), (Referring Provider), (Benefit Plan), and (Date of Payment).
(A,B)Retrieve 100% of claims (Run Criteria)	Selects 100% of the claims for the selected sample type. When 'Retrieve 100% of Claims' is checked, the following controls are disabled in the Random Sample Criteria section: Confidence Level, Hit Ratio, Maximum Sample Size, Confidence Interval, Sample Type, Estimated Population,

Fields	Description
	Calculated Sample Size and Calculate.
(A,B)Crossover Claims (Run Criteria)	When this box is checked, crossover claims are include in the request results. The fields in the Random Sample Criteria section are not disabled, if the Retrieve 100% of claims box is not checked.
(A,B)Confidence Level (Random Sample Criteria)	Confidence level, expressed as a percentage, is the probability that the percentage of occurrences of an item in a sample is within a certain confidence interval of the actual percentage of occurrences in the whole universe being sampled. There are four options (80%, 90%, 95%, 99%), but most researchers use the 95% confidence level. The default option will be 90% confidence level. Increasing the confidence level requires larger sample sizes. <i>For example, using a confidence level of 95%, if all possible samples of a population were taken in the same manner, under the same conditions, we would have the same results 95 out of 100 times.</i>
(A,B)Hit Ratio (Random Sample Criteria)	Value calculated from the formula $p*(1-p)$ where p is an upper bound of the percentage of actual occurrences of an item in the universe being sampled. If we know that no more than 20% of a provider's procedures are procedure X (the item being sampled), then $p=.2$ and Hit Ratio is $.2(1-.2)=.2*.8=.16$ or 16%. By choosing a Hit Ratio of something less than the default of 25%, the system is able to use a smaller sample to achieve a given Confidence Level and Confidence Interval. This can be useful when the universe of claims is very large. The valid values are: 25%, 24%, 21%, 16%, 9%. The default is 25%.
(A,B)Confidence Interval (Random Sample Criteria)	Interval, say +/-5%, which is used to achieve the confidence level. Lets the user select a value between .1 and .7 for the (+/-) percentage of error. The default is 7%. The smaller the confidence interval, the more reliable the result. <i>Confidence intervals indicate the strength of evidence; where confidence intervals are wide, less precise estimates are noted.</i>
(A,B)Estimated Population (Random Sample Criteria)	Displays the total claims found that meet the random sample request criteria. This field also allows the user to enter an estimated population size and when the user clicks the 'Calculate' button, it will generate the sample size needed. The population field is never overwritten regardless of the Confidence Interval, Confidence Level, or Hit Ration selected. The population field is the driver to calculate the Sample Size needed. Once the Request has been submitted the label will change to Actual Population. This field is optional.
(A,B)Calculated	Displays the maximum number of claims that are needed to be reviewed

Fields	Description
Sample Size (Random Sample Criteria)	based on the confidence interval, confidence level, and population. Calculated Sample Size is read only.
(A,B)Calculate (Random Sample Criteria)	The Calculate button calculates the maximum number of claims that are needed to be reviewed based on the confidence interval, level and population is calculated. Disabled until Estimated Population is entered. This process is optional.
(A,B)Maximum Sample Size (Random Sample Criteria)	The Maximum Sample Size field allows the user to limit the number of claims returned by the random sample process by entering a number in this box.
(A)Sample Type (Random Sample Criteria)	The Sample Types are Claim Detail, Claim Header and Recipient. Claim Detail is the default selection.
(B)Sample Type (Random Sample Criteria)	Select the type of samples from a drop down box: Claim Detail and Claim Header. Claim Detail is the default selection.
(A,B)Submit	Allows the user to submit a Request for processing. All required fields must be populated. Each Request submitted is assigned a unique Request Number. The Submit button is enabled when a valid Provider/Recipient ID is entered
(A,B>Delete	Allows the user to delete a Request. A batch process periodically runs and deletes all Requests with a purge date of the current day's date or greater. All fields on Request Information and Request Filters Tabs will be cleared. When the status is Waiting, the delete is physical. When the status is Running, Completed or Failed, the delete is logical and the request is deleted during the batch process. The Delete button is disabled until the Request is submitted. When redirected from Random Sample Request Log Tab, the Delete Button is enabled.

6.1.2 Request Filters Tab

Random Sample requests may be filtered prior to processing so that the user may exclude claims displayed on the reports. The Random Sample Request Filters tab allows the user to filter the criteria and limit the results of the Request. Information from the Result Filters tab is optional.

There are two layouts for this window. Layout A is the layout of a Random Sample when a Provider is selected. Layout B is the layout of a Recipient Random Sample.

A

The screenshot shows a software interface with four tabs at the top: Request Information, Request Filters (selected), Request Result, and Request Log. The main area is divided into two sections. The top section, 'Provider Filter Criteria', contains a 'Criteria' dropdown menu, a 'Mask' label, and a text input field. Below this are two buttons: 'Add Filter Criteria' and 'Delete Filter Criteria'. The bottom section, 'Selected Filter Criteria', features a table with columns for 'Criteria', 'Operator', 'Expression', and 'Count: 0'. The table is currently empty. At the bottom of the window are 'Submit' and 'Delete' buttons.

B

The screenshot displays the 'Request Filters' tab of the Indiana SUR system. It features a 'Recipient Filter Criteria' section with a dropdown menu for 'Criteria' set to 'DRG Code', a 'Mask 9999' field, and 'between' and 'and' operators with input boxes. Below this are 'Add Filter Criteria' and 'Delete Filter Criteria' buttons. A 'Selected Filter Criteria' table shows one entry: 'DRG Code' with operator 'between' and expression '0150 and 0250'. At the bottom are 'Submit' and 'Delete' buttons.

Following are descriptions of the fields on the Random Sample Request Filters tab. Default values and read only fields are identified.

Field	Description
(A)Criteria (Provider Filter Criteria)	The filter criteria description. The descriptions are available when the Provider ID is selected on the Request Information tab. The user selects a criteria from a drop down box. Provider Filter Criteria descriptions are Billed Amount, Claim Type, DRG Code, ICN, NDC Code, Paid Amount, Place of Service, Primary Diagnosis Code, Primary Procedure Code, Procedure Code Modifier 1, Procedure Code Modifier 2, Procedure Code Modifier 3, Procedure Code Modifier 4, Provider Type, Provider Specialty, Lockin Indicator, Therapeutic Class, Recipient Aid, and Benefit Plan.
(B)Criteria (Recipient Filter Criteria)	The filter criteria description. This description is available when the Recipient ID is selected on the Request Information tab. The user selects a criteria from a drop down box. Recipient Filter Criteria descriptions are Recipient Aid, Billed Amount, Billing Provider, Claim Type, DRG Code, ICN, NDC Code, Paid Amount, Place of

Field	Description
	Service, Primary Diagnosis Code, Primary Procedure Code, Procedure Code Modifier 1, Procedure Code Modifier 2, Procedure Code Modifier 3, Procedure Code Modifier 4, Benefit Plan, Referring Provider, Rendering Provider, Therapeutic Class.
(A,B)Mask (Provider/Recipient Filter Criteria)	Correct format in which Expression 1 and Expression 2 should be entered. The Mask fields are hidden when the criteria values are listed in a drop down box.
(A,B)Operator (Provider/Recipient Filter Criteria)	The operator field is used to connect the Criteria to the Expression(s). Valid values are: =, <, >, <=, >=, like and between. The operator box is unlabeled, but has a default value of 'equal' (=).
(A,B)Expression 1 - Low Value (Provider/Recipient Filter Criteria)	The Criteria value based on the selected filter condition. In this field, the user for some Criteria, may select the criteria value from a drop down box. Otherwise the user enters the criteria value into a text box.
(A,B)Expression 2 - High Value (Provider/Recipient Filter Criteria)	The Criteria value based on the selected filter condition. In this field, the user for some Criteria, may select the criteria value from a drop down box.. Otherwise the user enters the criteria value into a text box.. When the user selects the operator 'between', Expression 2 is displayed.
(A,B)Add Filter Criteria (Provider/Recipient Filter Criteria)	Adds values from the 'Provider/Recipient Filter Criteria' section to the 'Selected Filter Criteria' section. The button is Disabled until an expression has been entered. When the user selects this button and Expression 2 has not been entered, Expression 1 and Expression 2 are considered the same value.
(A,B>Delete Filter Criteria (Provider/Recipient Filter Criteria)	Deletes a Filter Criteria from the 'Selected Filter Criteria' section.. The user highlights the expression to be deleted and clicks on the Delete button. This button is disabled until Criteria is added to the 'Provider/Recipient Filter Criteria Filter' section.
(A,B)Count (Selected Filter Criteria)	Number of items that are currently in the 'Selected Filter Criteria' section. Read Only.
(A,B)Criteria (Selected Filter Criteria)	Displays the filter criteria description selected by the user from the Criteria field in the Provider/Recipient Filter Criteria section. Read Only.
(A,B)Operator (Selected Filter Criteria)	Displays the operator selected by the user in the Provider/Recipient Filter Criteria section. Read Only.
(A,B)Expression (Selected Filter Criteria)	Displays the Expression 1 Criteria value selected in the Provider/Recipient Filter Criteria section. Read Only.
(A,B)and	When an operator of "between" is selected in the Provider/Recipient Filter Criteria section, an "and" is displayed between Expression 1 and Expression 2. Read Only.

Field	Description
(A,B)Expression (Selected Filter Criteria)	Displays the Expression 2 Criteria value selected in the Provider/Recipient Filter Criteria section. Read Only.
(A,B)Submit	Allows the user to submit a Request for processing. All required fields must be populated. Each Request submitted is assigned a unique Request Number. The Submit button is enabled when a valid Provider/Recipient ID is entered
(A,B)Delete	Allows the user to delete a Request. A batch process periodically runs and deletes all Requests with a purge date of the current day's date or older. All fields on Request Information and Request Filters Tabs are be cleared. When the status is Waiting, the delete is physical. When the status is Running, Completed or Failed, the request is deleted during the batch process. The Delete button is disabled until the Request is submitted. When redirected from Random Sample Request Log Tab, the Delete Button is enabled.

6.1.3 Request Log Tab

Below is the Request Log window where the user may check the status of a submitted query. This tab is the main entry point to view all requests.

The screenshot shows a web application interface with four tabs: Request Information, Request Filters, Request Result, and Request Log. The Request Log tab is active. At the top of the tab, there are two dropdown menus: 'Filter By User' set to 'MINORBX' and 'Filter By Status' set to 'Display All Statuses'. Below these is a table with the following data:

Request ID	User	ID	Request Date	Status	Run Title	Sample Size	Population	Purge Date	Delete
677	MINORBX	100229890 A	03/14/2005 11:54:21 AM	Completed	Brian Test6	124	734	06/14/2005	<input type="checkbox"/>
638	MINORBX	100229890	03/10/2005 01:59:34 PM	Completed	Brian Test	85	85	06/10/2005	<input type="checkbox"/>

Following are descriptions of the fields on the Random Sample Request Log tab. The fields are read only fields.

Field	Description
Filter by User	Select 'Display All Users' or a specific Request ID to filter the requests. 'Display All Users' lists all requests submitted. Selecting a Request ID lists requests submitted by that user. The current user's Request ID is the default value displayed.
Filter by Status	Selects all statuses or a specific status to view when monitoring the requests. The valid selections are: "Display All Statuses", "Completed", "Running", "Waiting", "Failed", "Canceling" and "Canceled". Display All Statuses is the default value displayed.
Request ID	System assigned ID of a Request. When the 'Request ID' hyperlink is selected, the user will be taken to the Request Information tab. When the 'Request ID' heading is selected, the columns are sorted by 'Request ID'. Upon entering the Request Log for the first time, the columns are sorted in descending order by Request ID.
User	ID of the 'User' who requested the Random Sample. When the 'User' heading is selected, the columns are sorted by 'User'. The User column may be sorted by ascending or descending order.
ID	Provider's/Recipient's identification number. A Billing Provider's service location may be displayed next to the Provider ID. When the 'ID' heading is selected, the columns are sorted by "ID". The ID column may be sorted by ascending or descending order.

Field	Description
Request Date	Date and time the Random Sample was requested. When the 'Request Date' heading is selected, the columns are sorted by 'Request Date'. The Request Date column may be sorted by ascending or descending order.
Status	Status of the Request. When the 'Status' heading is selected, the columns are sorted by the Status. The Status column may be sorted by ascending or descending order.
Run Title	'Run Title' of the Request. When the 'Run Title' heading is selected, the report is sorted by 'Run Title'. The Run Title column may be sorted by ascending or descending order.
Sample Size	Population 'Sample Size' used to create the random sample. When the 'Sample Size' heading is selected, the columns are sorted by 'Sample Size'. The Sample Size column may be sorted by ascending or descending order. When the 'Sample Size' hyperlink is selected, the user is taken to the Request Result Tab.
Population	Total Population size from which the sample is taken. When the 'Population' heading is selected, the columns are sorted by 'Population'. The Population column may be sorted by ascending or descending order.
Purge Date	Date the Request is to be purged from the system. When the 'Purge Date' heading is selected, the report will be sorted by 'Purge Date'. The Purge Date column may be sorted by ascending or descending order.
Delete	Deletes the desired Request. Once the row is selected (checked), the 'Purge Date' is changed to the current date when the status is Running, Completed or Failed. When the status is Waiting, the delete is physical. If status is Running, Completed or Failed, the delete is logical and the request is deleted via a batch job.

6.1.4 Request Result Tab

The Request Result tab is disabled when a Request has not been submitted. The Request Result tab may be accessed by clicking on the Sample Size hyperlink from the Request Log tab.

The Request Results tab displays the results of the Random Sample request. The user may view a tabular list containing the ICN, detail number, provider/recipient ID, from and to dates of service, billed amount, paid amounts and paid date and Random ID.

The initial column sort is determined by the user from the Request Information tab. To further sort the columns click on one of the column headers. The sort may be in ascending or descending order.

Two layouts for this window are displayed below. The layout labeled A displays the results of a Provider request. The layout labeled B displays the results of a Recipient request. The field names listed on the chart below have a letter in front designating the pertinent layout

A

Request Information	Request Filters	Request Detail	Request Log					
Run Title: Production Provider Test Provider Number: 100229890 Provider Name: INDEPENDENT RES LIVING-WAIVER Provider Role: All Sample Type: Details Confidence Level: 90% Confidence Interval: 7% Comment: Successfully completed	Request ID: 52 Date Type: Service From Date: 01/01/2004 To Date: 02/29/2004 Hit Ratio: 25% Maximum Sample Size: 0	Status: Completed Request User: KEISEPJ Date/Time: 04/22/2005 02:24:28 PM Purge Date: 07/22/2005 Population Size: 4 Sample Size: 4						
Filter Criteria:			Count: 5					
Criteria	Operator	Expression	Expression					
Primary Procedure Code	=	T2017						
Place of Service	between	12-Home	and 14-Group Home					
Paid Amount	>=	650.00						
Procedure Code Modifier 1	=	U7						
Procedure Code Modifier 2	=	U1						
Request Results:			Results: 1 thru 4 of 4					
ICN	DI No	Recipient ID	From DOS	To DOS	Amf Billed	Amf Paid	Paid Date	Random ID
2004005610513	001		01/01/2004	01/05/2004	\$750.00	\$750.00	01/13/2004	1
2004135619724	001		02/01/2004	02/28/2004	\$750.00	\$750.00	05/18/2004	2
5004314604310	001		01/31/2004	01/31/2004	\$750.00	\$750.00	11/23/2004	3
2004049617371	001		02/01/2004	02/17/2004	\$750.00	\$750.00	02/24/2004	4

B

Request Information	Request Filters	Request Result	Request Log					
Run Title: Recip Coffey 4	Request ID: 1020	Status: Completed						
Recipient Number: [REDACTED]	Date Type: Payment	Request User: KEISEPJ						
Recipient Name: [REDACTED]	From Date: 01/06/2004	Date/Time: 04/29/2005 11:06:35 AM						
	To Date: 01/06/2004	Purge Date: 07/29/2005						
Sample Type: Details	Hit Ratio:	Population Size: 2						
Confidence Level:	Maximum Sample Size: 0	Sample Size: 2						
Confidence Interval:								
Comment: Successfully completed!								
Filter Criteria:			Count: 0					
Criteria	Operator	Expression	Expression					
No Filter Criteria Found								
Request Results:		Prev 1 Next	Results: 1 thru 2 of 2					
ICN	DT No	Provider ID	From DOS	To DOS	Amt Billed	Amt Paid	Paid Date	Random ID
2003395513392	001	200440460	12/14/2003	12/28/2003	\$1,520.22	\$1,520.22	01/06/2004	1
2004002602338	001	200415250	12/22/2003	12/22/2003	\$104.28	\$104.28	01/06/2004	2

Following are descriptions of the fields on the Random Sample Request Result tab. The fields are read only fields.

Field	Description
(A,B)Run Title	The Run Title created by the user from the Request Information tab.
(A)Provider Number	Provider ID associated with the random sample claims. The Billing Provider's location code (unlabeled).
(A)Provider Name	Provider's full name associated with the random sample claims.
(A)Provider Role	Provider's Role Description. Valid values are All, Billing, Performing, and Referring. If the Request is a Recipient Request, Provider Role is hidden.
(A)Sample Type	Type of sample selected. Valid values are details, headers, and recipients.
(B)Recipient Number	Recipient Medicaid Identification Number
(B)Recipient Name	Recipient's full name.
(B)Sample Type	Type of sample selected. Displayed values are details and headers.
(A,B) Confidence Level	Confidence level selected on the Request Information tab.
(A,B)Confidence Interval	Confidence Interval selected on the Request Information tab.

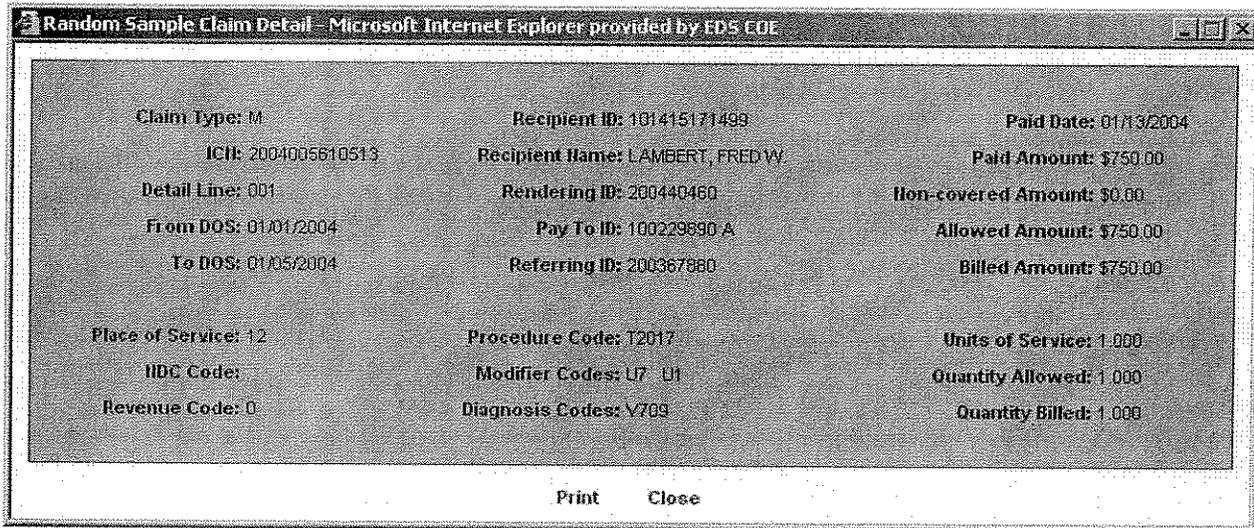
Field	Description
(A,B)Comment	Last process the Request was in. If Status is "Failed" or "Canceled", Comment will display in red. If Status is "Canceling", Comment will display in gold. All other Statuses, Comment will display in black.
(A,B)Request ID	ID assigned to the Request after the request has been submitted from the Request Information or Request Filter tabs.
(A,B)Date Type	Type of date selected on the Request Information tab.
(A,B)From Date	Beginning date or "From Date" of the date range for which the data is generated.
(A,B)To Date	Ending date or "To Date" of the date range for which the data is generated.
(A,B)Hit Ratio	Hit Ratio selected on the Request Information tab.
(A,B)Maximum Sample Size	Maximum Sample entered on the Request Information tab.
(A,B)Status	Status of the Request. If Status is "Failed" or "Canceled", Status will display in red. If Status is "Canceling", Status will display in gold. All other Statuses, Status will display in black.
(A,B)Request User	User ID requesting the random sample.
(A,B)Date/Time	Date/Time the Request was submitted. The format is M/DD/CCYY HH:MM:SS AM (or PM).
(A,B)Purge Date	The Purge Date selected on the Request Information tab.
(A,B)Population	Total claims found that meet the random sample request criteria.
(A,B)Sample Size	Maximum number of Claims that need to be reviewed based on the Confidence Interval and Confidence Level.
(A,B)Count (Filter Criteria)	Number of filter criteria in the list.
(A,B)Filter Criteria (Filter Criteria)	Filter criteria associated with the random sample.
(A,B)Criteria (Filter Criteria)	Criteria description selected on the Filters Tab. When the user clicks on the "Criteria" header, the report is sorted by "Criteria".
(A,B)Operator (Filter Criteria)	Operator selected in the Filters Tab. When the user clicks on the "Operator" header, the report is sorted by "Operator".
(A,B)Expression 1 (Filter Criteria)	First Expression entered in the Filters Tab. When the user clicks on the "Expression 1" header, the report is sorted by "Expression 1".
(A,B)and (Filter Criteria)	Concatenates Expression 1 to Expression 2. When "between" is selected as the operator, "and" is visible between the first Expression and the second Expression. If any other operator is selected, "and" is hidden.
(A,B)Expression 2 (Filter Criteria)	Second Expression entered in the Filter Conditions Tab. When the

Field	Description
Criteria)	user clicks on the "Expression 2" header, the report is sorted by "Expression 2".
(A, B) <Prev (Request Results)	Click the Prev button to view the previous 100 claims. If there is not a previous page, Prev button will be disabled.
(A, B) Page Index (Request Results)	Click on a page number to view 100 rows at a time. Page 1 will display the first 100 claims, page 2 will display the second 100 claims, etc. If there are less than or equal to 11 claim pages to display, the page index displays as many pages as necessary up to 11. For example if there are 5 claim pages the following will display: 1 2 3 4 5 . If there are more than 11 claim pages, the user can click the Next> button to view the next page. If the user clicks on a page number greater than the sixth position and there is more than 11 claim pages, that page number will move to the middle position and the page index will display 5 less than the middle page number and 5 more than the middle page number. The page index will display the current page's button in a black font and the user will not be able to click on the button
(A, B) Next> (Request Results)	Click the Next button to view the next 100 claims. If there is not a next page, Next button will be disabled.
(A,B)Results: (Request Results)	The Results field consists of the Sample Type (claim Header, Claim Detail, or Recipient) count for a page. On the first page the count is 1 thru 100 and on the second page is 101 thru 200, etc. The total number of Sample Type count. for example: 1 thru 100 of 12593.
(A,B)ICN (Request Result)	Internal Control Number of the claim. When the user clicks on the 'ICN' header, the columns are sorted by 'ICN'.
(A,B)Dtl No (Request Result)	Detail number of the claim. When the user clicks on the 'Detail No' header, the columns are sorted by 'Detail No'. When the user clicks the 'Detail No' Hyperlink, the Claim Detail Window opens.
(A)Recipient ID	Recipient ID of the person who received the services. The user is able to hyperlink to the Recipient listing by clicking the 'Recipient ID box located in the header. When the user clicks on the 'Recipient ID' header, the columns are sorted by 'ICN'
(B)Provider ID	Provider ID of the provider who rendered services. The user is able to hyperlink to the Provider listing by clicking the 'Provider ID box located in the header. When the user clicks on the 'Provider ID' header, the columns are sorted by 'ICN'
(A,B)From DOS (Request Result)	Beginning date of when a service was performed. When the user clicks on the "From DOS" header, the report is sorted by "From DOS".
(A,B)To DOS (Request Result)	Ending date of when a service was performed. When the user clicks on the "To DOS" header, the report is sorted by "To DOS".
(A,B)Amt Billed (Request	Amount that is billed for the claim detail. When the user clicks on

Field	Description
Result)	the 'Amount Billed' header, the report is sorted by 'Amount Billed'
(A,B)Amt Paid (Request Result)	Amount that is paid for the claim detail. When the user clicks on the 'Amount Paid' header, the report is sorted by 'Amount Paid'.
(A,B)Paid Date (Request Result)	Date the claim is paid. When the user clicks on the 'Paid Date' header, the report is sorted by 'Paid Date'.
(A,B)Random ID (Request Result)	Order in which the requests were processed by the batch job. When the user clicks on the 'Random ID' header, the report is sorted by 'Random ID'. Random ID is a number assigned to the randomly selected claims within a request. For example, if there are 500 claims in the universe of claims for a request and the user has specified a sample size of 50, the first of the 50 claims randomly selected will be assigned a Random ID of one. The second of the 50 claims randomly selected will be assigned a Random ID of two, and so forth up to 50.

6.1.5 Random Sample Claim Detail

From the Request Result tab click on the 'Dtl No' Hyperlink to navigated to the Random Sample Claim Detail window. The Random Sample Claim Detail allows the user view detail information of a selected ICN.



Following are descriptions of the fields on the Random Sample Claim Detail.

Fields	Description
Claim Type	Type of claim being displayed.
ICN	EDS Internal Control Number, a 13-digit field with a 2-digit region (10 = paper claim, 11= electronic claim), a 2-digit year (YY), a 3-digit Julian date, a 3-digit batch number, and a 3-digit sequence number.
Detail No	Number assigned in sequential order to detail claims connected to the same ICN. The first detail is 001, second 002, etc.
From DOS	Beginning date of service.
To DOS	Ending date of service.
Place of Service	Place where service rendered..
NDC Code	National Drug Code (NDC) for each service rendered.
Revenue Code	Revenue Code.
Recipient ID	Recipient's Medical Identification.
Recipient Name	Recipient Last Name, First Name and Middle Initial.
Rendering ID	Rendering Physician Provider's ID.
Pay To ID	Pay To Provider's ID.

Fields	Description
Referring ID	Referring Physician Provider's ID.
Procedure Code	Procedure Code for each service rendered.
Modifier Codes	Procedure modifier codes. This field contains procedure modifier codes 1 through 4 and is represented as XX XX XX XX.
Diagnosis Codes	Diagnosis codes. This field contains diagnosis codes 1 through 4 and is represented as XXXXXX XXXXXX XXXXXX XXXXXX.
Paid Date	Date the claim is paid.
Paid Amount	Amount paid for each procedure code.
Non-covered Amount	Amount not covered.
Allowed Amount	Amount allowed for each procedure code.
Billed Amount	Amount billed for each procedure code.
Units of Service	Number of prescribed units for drug claims or performed units for all other claims.
Quantity Allowed	Number of services (quantity allowed) for this claim.
Quantity Billed	Number of services (quantity billed) for this claim.
Print	Prints the Claim Detail.
Close	Closes Claim Detail Window.

6.1.6 Random Sample Claim Detail

The ID Listing Window allows the user to view a listing of unique providers or recipients. The list includes columns ID, SSN/FEIN and Name. From the Request Result tab click on the Recipient/Provider ID box to navigated to the ID Listing window.

A

Provider Listing		
ID	FEIN	Name
100268190 A	35-1129669	COLUMBUS REGIONAL HOSPITAL - ACH
100358600	Empty	HARRIS, CHERYL A
100358650	Empty	FANGMAN, STEPHANIE
100358660	Empty	DAVISON, BRUCE A.
200025390 A	36-1924025	WALGREENS #03524
200149430	35-1999967	HALLETT, RICHARD L.
200338490	Empty	Empty Name

Print Close

B

Recipient Listing		
ID	SSN	Name

Print Close

Following are descriptions of the fields on the Random Sample Claim Detail.

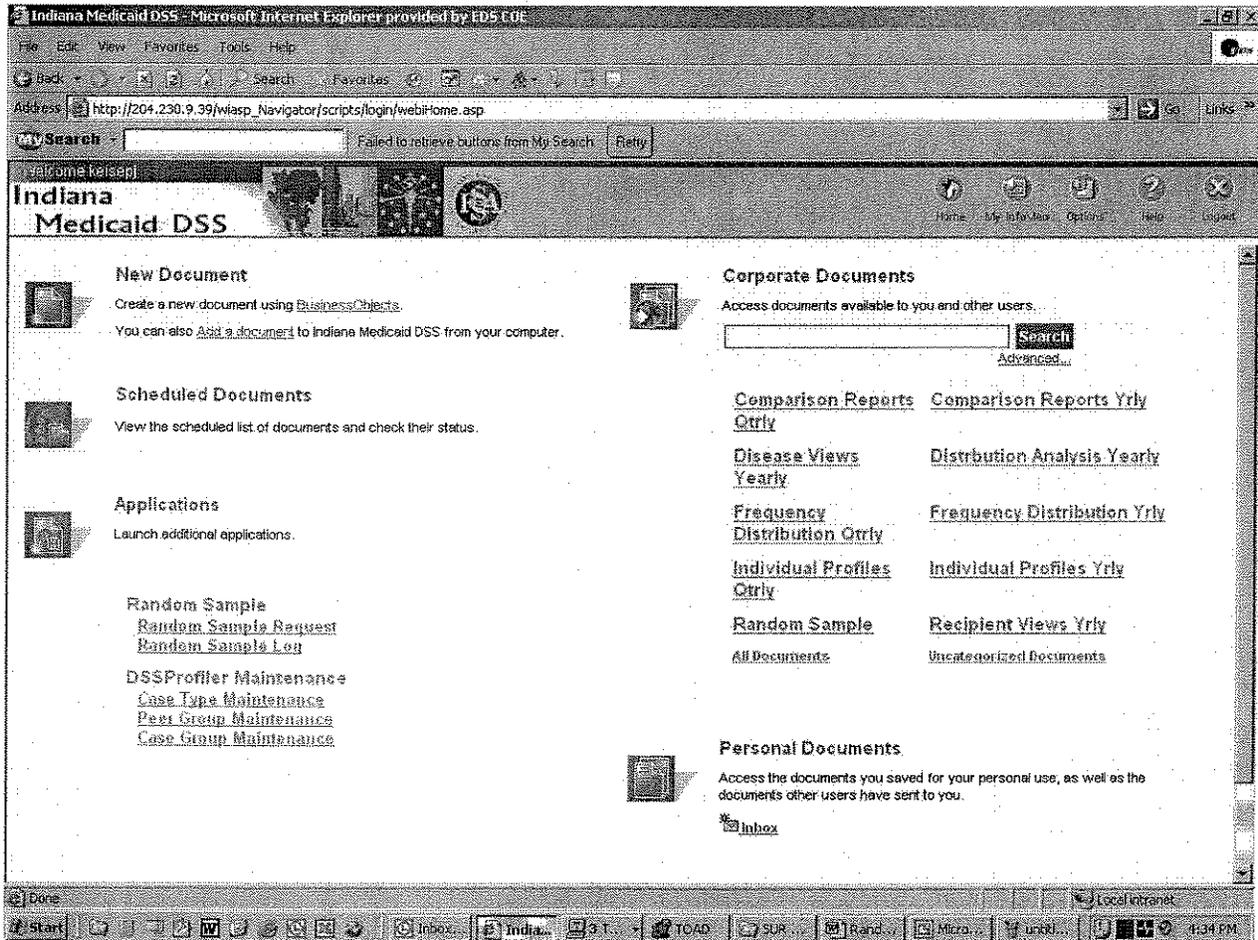
Field	Description
(A) ID	Provider's ID.
(A) FEIN	Provider's FEIN.
(A) Name	Provider's Name.
(B) ID	Recipient's ID.

Field	Description
(B) SSN	Recipient's SSN.
(B) Name	Recipient's Name.
(A,B) Print	Prints the ID Listing.
(A,B) Close	Closes ID Listing Window.

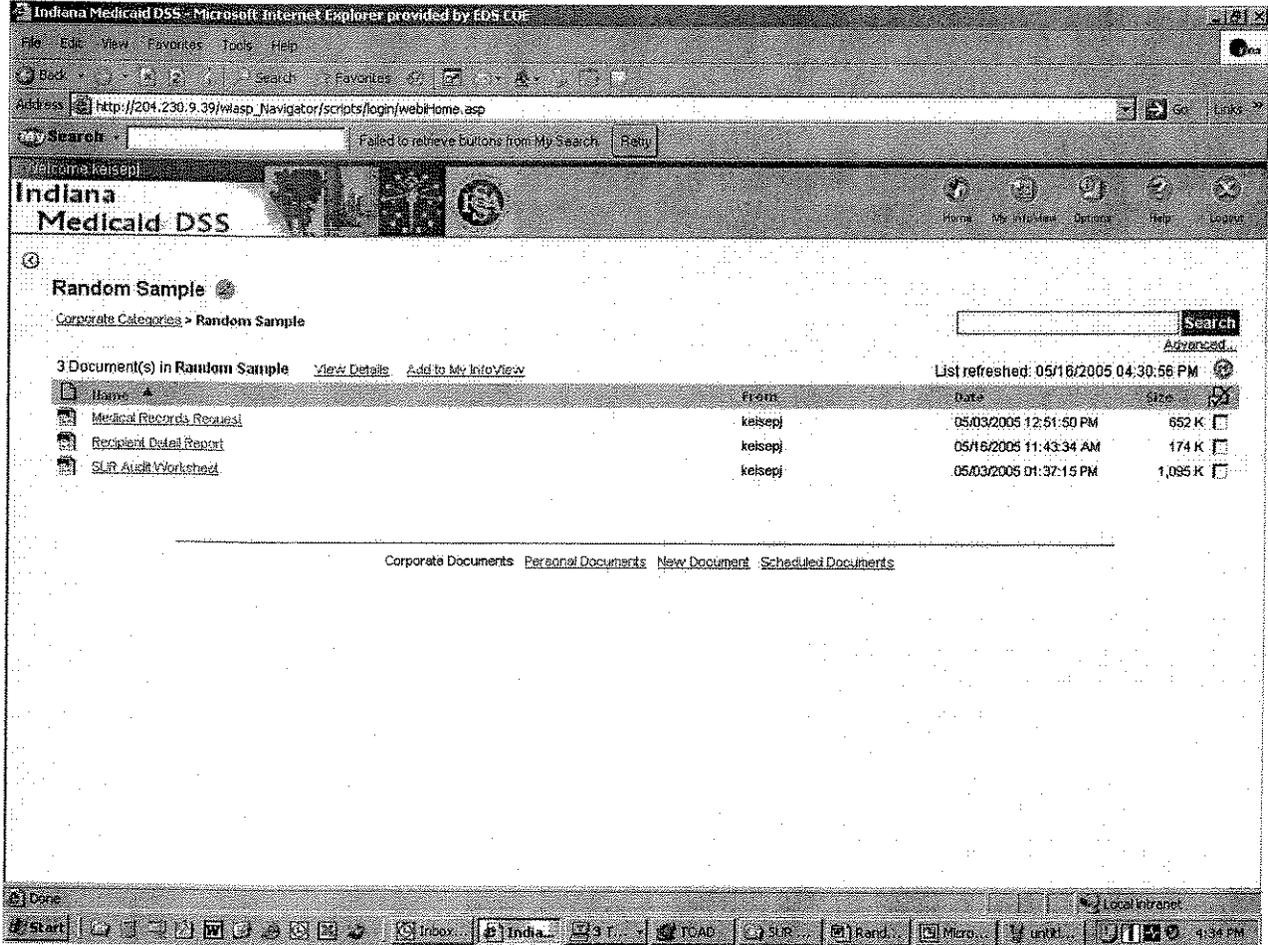
6.2 Refreshing Random Sample Request Targeted Queries.

Once a Random Sample Request has been generated, the user may access Business Objects to request targeted queries which displays data found on the Request Result tab.

Access the Targeted Queries from the Indiana Medicaid DSS Welcome page. Under Corporate Documents, click on the Random Sample category.



The three Targeted Queries listed are Medical Records Request, Recipient Detail Report, and SUR Audit Worksheet. The user clicks on the Targeted Query hyperlink to access Business Objects. From Business Objects the selected query may be refresh by entering a request number assigned to the Random Sample Request.



6.2.1 Medical Record Request Targeted Query

The Medical Records Request Report is a claim listing generated from the Random Sample Request process. General claim information that a provider would need in order to fill a request for medical records is displayed on the report.

SUR Medical Records Request

Request Date Range: 01/20/2004 - 01/20/2004

Provider ID: 100034500 - NORTHWESTERN MEMORIAL HOSPITAL

Request By ID: KEISEP.J

Request Number: 874

Request Date Range: 04/26/2005

Provider Type: 01 - Hospital

Provider Specialty: 010 - Acute Care

Recipient ID	Recipient Name	DOB	AGE	ICN	FDOS/ Dispense Date	TDOS/ Prescribe Date	Admission Date	Discharge Date	Patient Account Number
		06/22/1946	57	1103352004074	05/30/2003	05/30/2003		06/30/2003	43467365003
		06/22/1946	57	1103352004074	06/02/2003	06/02/2003		06/30/2003	43467365003
		06/22/1946	57	1103352004074	06/04/2003	06/04/2003		06/30/2003	43467365003
		06/22/1946	57	1103352004074	06/06/2003	06/06/2003		06/30/2003	43467365003
		06/22/1946	57	1103352004074	06/13/2003	06/13/2003		06/30/2003	43467365003
		10/11/1946	57	1103358003037	10/08/2003	10/08/2003		10/09/2003	61636213002
		01/03/1946	56	1103358002000	09/19/2002	09/19/2002		09/19/2002	54357298001
		01/03/1946	57	1103358002001	03/26/2003	03/26/2003		03/26/2003	57867111001
		01/03/1946	57	1103358003039	08/21/2003	08/21/2003		08/21/2003	60335221001
		03/21/1956	47	1003383100014	11/09/2003	11/21/2003	11/09/2003	11/21/2003	62747662001
		04/05/1959	44	1103352004072	07/11/2003	07/11/2003		07/23/2003	54384789012
		04/05/1959	44	1103352004072	07/16/2003	07/16/2003		07/23/2003	54384789012
		04/05/1959	44	1103352004072	07/18/2003	07/18/2003		07/23/2003	54384789012
		04/05/1959	44	1103352004072	07/23/2003	07/23/2003		07/23/2003	54384789012
		06/22/1962	41	1103358003038	09/03/2003	09/03/2003		09/03/2003	61114823002
		04/29/1964	38	1003383130029	01/08/2003	01/08/2003		01/08/2003	56354185001
		07/06/1968	36	1103352004069	11/13/2002	11/13/2002		11/14/2002	56844971001
		07/06/1968	36	1103352004069	11/14/2002	11/14/2002		11/14/2002	56844971001
		01/06/1978	27	1003357100011	10/07/2003	10/22/2003	10/07/2003	10/22/2003	6207780601

Following are descriptions of the fields on the Medical Records Request.

Field	Description
Admission Date	The date that the recipient was admitted by the provider for inpatient care, outpatient services or start of care.
Age	The recipient's age. Birth date minus the first date of service.
DOB	The recipient's date of birth.
Discharge Date	The date that the recipient was discharged from an institution.
FDOS/ Dispense Date	FDOS is the date on which service was first provided. The Dispense Date is the date a drug was dispensed on Pharmacy

Field	Description
	claims.
ICN	The unique internal control number assigned to a claim processed in the system. This number is used for control purposes.
Patient Account Number	The identification for a recipient assigned by a provider and used in their system.
Provider ID	The provider's number and name.
Provider Specialty	The provider's specialty and specialty description.
Provider Type	The provider's type and type description.
Recipient ID	The recipient ID number.
Recipient Name	The recipient's name.
Request By ID	The user's ID.
Request Date	The date the Random Sample Request was processed.
Request Date Range	The date of service date range requested by the user.
Request Number	System assigned key that uniquely identifies the request that was created for the Provider and Beneficiary Claim Detail Report process.
TDOS/ Prescribe Date	TDOS is the date on which service was last provided. The Prescribe Date is the date a drug was prescribed on Pharmacy claims.

6.2.2 Recipient Detail Report Targeted Query

The Recipient Detail Report displays detail claim information on a requested recipient. This query allows the user to print the data found on the Random Sample Request screens.

Recipient Detail Report

Request Date Range: 01/06/2004 - 01/06/2004

Recipient:

Request By: KEISEP J
Request Date: 04/29/2005

Request Number: 1020

Claim Type: M

ICN: 2003365613392

FDOS/ Dispense Date	TDOS/ Prescribe Date	DI#	Diagnosis 1	Diagnosis 2	Diagnosis 3	Diagnosis 4	Procedure Code	CLM MOD 1	CLM MOD 2	CLM MOD 3	CLM MOD 4	Modified Description	NDC	Revenue Code	Paid Date	POS	Allowed Quantity
12/14/2003	12/26/2003	1	V709 - GENERAL MEDICAL EXAM NDS				Z5170 - RESIDENTIAL HABILITATION							0	01/06/2004	12	78.00
Sum:																	78.00

Billed Quantity	Billed Amount	Allowed Amount	Paid Amount	Billing Provider ID	Billing Provider Name	Perf ID	Prov ID	Refer/ Presc Prov ID
78.00	\$1,520.22	\$1,520.22	\$1,520.22	100220890	INDEPENDENT RES LIVING-WAIVER	200440460	200413220	
78.00	\$1,520.22	\$1,520.22	\$1,520.22					

ICN: 2004002602338

FDOS/ Dispense Date	TDOS/ Prescribe Date	DI#	Diagnosis 1	Diagnosis 2	Diagnosis 3	Diagnosis 4	Procedure Code	CLM MOD 1	CLM MOD 2	CLM MOD 3	CLM MOD 4	Modified Description	NDC	Revenue Code	Paid Date	POS	Allowed Quantity
12/22/2003	12/22/2003	1	Z709 -				Z5726 - 06H MBMT/PGM & COUNSELING							0	01/08/2004	09	6.00
Sum:																	6.00

Billed Quantity	Billed Amount	Allowed Amount	Paid Amount	Billing Provider ID	Billing Provider Name	Perf ID	Prov ID	Refer/ Presc Prov ID
6.00	\$104.28	\$104.28	\$104.28	200415250	FANNIN MARK A	200415250	200352450	
6.00	\$104.28	\$104.28	\$104.28					

Total Allowed Quantity 84.00

Total Billed Quantity 84.00

Total Billed Amount \$1,624.50

Total Allowed Amount \$1,624.50

Total Paid Amount \$1,624.50

Following are descriptions of the fields on the Recipient Detail Report.

Field	Description
Allowed Amount	Total dollars allowed by system per code.
Allowed Quantity	Total number of units billed per code.
Billed Amount	Total dollars billed per code.
Billed Quantity	Total number of units allowed per code.
Billing Provider ID	The pay to provider.
Billing Provider Name	The billing provider's name.
CLM MOD 1	The procedure identification code first modifier from the claim.
CLM MOD 2	The procedure identification code second modifier from the claim.
CLM MOD 3	The procedure identification code third modifier from the claim.
CLM MOD 4	The procedure identification code fourth modifier from the claim.
Diagnosis 1	The primary diagnosis code and description.
Diagnosis 2	The secondary diagnosis code and description.
Diagnosis 3	The third diagnosis code and description.
Diagnosis 4	The fourth diagnosis code and description.
Dtl#	The claim detail number
FDOS/Dispense Date	FDOS is the date of first service for this detail. Dispense Date is the date a Pharmacy claim was dispense.
ICN	A unique 13 digit Internal Control Number assigned to a claim.
Modified Description	The PIC modified description.
NDC	The national drug code and description.
POS	The place where the service was rendered.
Paid Amount	Total dollars paid per code.
Paid Date	The date the claim was paid
Perf Prov ID	The provider performing the services.
Procedure Code	The code and description of the procedure performed by the provider.
Recipient	The recipient's ID and full name.
Refer/Presc Provider ID	The provider who refers to another provider. The prescribing provider.
Request By	User ID requesting the Random Sample
Request Date	The date the random sample was submitted
Request Date Range	The date of service date range requested by the user
Request Number	The number assigned to a random sample request

Field	Description
Revenue Code	The revenue code and description.
TDOS/Prescribe Date	TDOS is the date of last service for this detail. Prescribe Date is the date a pharmacy claim was prescribed.
Total Allowed Amount	The total allowed amount for all details.
Total Allowed Quantity	The total allowed quantity for all details.
Total Billed Amount	The total billed amount for all details.
Total Billed Quantity	The total billed quantity for all details.
Total Paid Amount	The total paid amount for all details.

6.2.3 SUR Audit Worksheet Targeted Query

The SUR Audit Worksheet is used during the medical record audit to verify that the provider can substantiate the services billed to Medicaid. General claim information is printed on the report. Each report provides spaces for SUR Analyst use. There is one claim per page. The SUR Audit Worksheet displays the claims shown on the Request Result screen. The only exception is the SUR Audit Worksheet - Institutional Detail.

There are four tabs on the SUR Audit Worksheet.

1. Tab A - SUR Audit Worksheet - Non Institutional. contains the Audit Worksheet for Physician, Pharmacy, and Dental claims.
2. Tab B - SUR Audit Worksheet - Institutional Detail. These details are not in the Random Sample process, since Inpatient and LTC claims are not paid at the detail level. Only details greater than 0 are displayed. The ICNs found on this tab will also be displayed on tab C.
3. Tab C - SUR Audit Worksheet - Institutional Header contains the header paid Inpatient and LTC claims. Only detail numbers which equal zero are displayed.
4. Tab D - SUR Audit Worksheet - Institutional Detail Paid contains the Outpatient, Home Health, and Hospice claims. These institutional claims are paid at the detail level.

A

SUR Audit Worksheet - Non Institutional
Request Date Range: 01/01/2004 - 01/31/2004

Provider ID:
Request Date: 03/31/2005 **Request Number: 767**
Request By ID:

Recipient ID:

ICN: 2004016612477

POS# Charge Date	TDO# Procedure Date	DI Num	NDC	Procedure Code	Cm Mod 1	Cm Mod 2	Cm Mod 3	Cm Mod 4	Modified Description	Program Health	Billed Qty	Allowed Qty	Billed Amount	Allowed Amount	Paid Amount	Auditor Comments
01010004	01/01/2004	1	-	T2017 - HABIL RES - W/NER 15 MIN	UT				UT-W/NER	MA - Medicaid	224.00	224.00	\$1,088.12	\$1,088.12	\$1,088.12	
Sum:											224.00	224.00	\$1,088.12	\$1,088.12	\$1,088.12	

Recipient ID:

ICN: 2004016612570

POS# Charge Date	TDO# Procedure Date	DI Num	NDC	Procedure Code	Cm Mod 1	Cm Mod 2	Cm Mod 3	Cm Mod 4	Modified Description	Program Health	Billed Qty	Allowed Qty	Billed Amount	Allowed Amount	Paid Amount	Auditor Comments
01020004	01/09/2004	1	-	05130 - UNSKILLED RESPIRE CARE; N	UT	UA	UC		UT-W/NER, UA-PROVIDER, UC-PERSONAL CARE, ATTENDANT	MA - Medicaid	31.00	31.00	\$124.00	\$124.00	\$124.00	
01020004	01/09/2004	2	-	T2021 - DAY HABIL W/NER PER 15 M	UT				UT-W/NER	MA - Medicaid	45.00	45.00	\$317.40	\$317.40	\$317.40	
01020004	01/18/2004	3	-	T2017 - HABIL RES - W/NER 15 MIN	UT				UT-W/NER	MA - Medicaid	107.00	107.00	\$522.16	\$522.16	\$522.16	
Sum:											184.00	184.00	\$963.56	\$963.56	\$963.56	

B

SUR Audit Worksheet - Institutional Detail
Request Date Range: 03/01/2003 - 03/16/2005

Provider ID:

Request Date: 03/16/2005

Requested By:

Request Number: 699

Recipient ID:

ICN: 2003350100114

FDOS	TDOS	OH Num	Revenue Code	Procedure Code	Program Health	Qty Billed	Qty Allowed	Bill Amount	Allow Amount	Paid Amount	Auditors Comments
12/08/2003	12/8/2003	1	123 - PEDIATRIC/2BED		MA - Medicaid	1.00	1.00	\$669.00	\$0.00	\$0.00	
12/08/2003	12/8/2003	2	250 - PHARMACY		MA - Medicaid	1.00	1.00	\$56.90	\$0.00	\$0.00	
12/08/2003	12/8/2003	3	270 - SUPPLIES (MED-SURG)		MA - Medicaid	2.00	2.00	\$172.50	\$0.00	\$0.00	
12/08/2003	12/8/2003	4	320 - DIAGNOSTIC X RAY		MA - Medicaid	1.00	1.00	\$174.00	\$0.00	\$0.00	
12/08/2003	12/8/2003	5	324 - DIAGNOSTIC X RAY/CHEST		MA - Medicaid	1.00	1.00	\$110.00	\$0.00	\$0.00	
12/08/2003	12/8/2003	6	410 - RESPIRATORY SVC		MA - Medicaid	15.00	15.00	\$465.00	\$0.00	\$0.00	
12/08/2003	12/8/2003	7	460 - PULMONARY FUNC		MA - Medicaid	1.00	1.00	\$182.00	\$0.00	\$0.00	
12/08/2003	12/8/2003	8	636 - DRUGS REQUIRING DETAILED CODING		MA - Medicaid	6.00	6.00	\$19.14	\$0.00	\$0.00	
Sum:						28.00	28.00	\$1,828.54	\$0.00	\$0.00	

C

SUR Audit Worksheet - Institutional Header
 Request Date Range: 03/01/2003 - 03/16/2005
 Provider ID:

Service Location: A

Requested By: Request Number: 699
 Request Date: 03/16/2005

Recipient ID:

ICN: 2003350100114

FDOS	TDOS	DI Num	ICD9 Code	Diagnosi	ICD9 Procedure Code	Clin Mod 1	Clin Mod 2	Clin Mod 3	Clin Mod 4	DRG Code	Disch Code	Age	Days Covered	Qty	Allow Qty	Billed	ERI Amount	Allow Amount	Paid Amount	Auditor Comments
12/08/2003	12/08/2003		998	PNEUMONIA ORGANIS NOS						0531	01		1	1	0.00	0.00	\$1,828.54	\$3,152.20	\$3,152.20	
Sum:														0.00	0.00	\$1,828.54	\$3,152.20	\$3,152.20		

Recipient ID:

ICN: 2004013100385

FDOS	TDOS	DI Num	ICD9 Code	Diagnosi	ICD9 Procedure Code	Clin Mod 1	Clin Mod 2	Clin Mod 3	Clin Mod 4	DRG Code	Disch Code	Age	Days Covered	Qty	Allow Qty	Billed	ERI Amount	Allow Amount	Paid Amount	Auditor Comments
12/19/2003	12/27/2003		76318	PRETERM INF NEC-2000-2120G	510 - CIRCUMCISION					0500	01		0	0	0.00	0.00	\$5,096.10	\$1,492.34	\$1,492.34	
Sum:														0.00	0.00	\$5,096.10	\$1,492.34	\$1,492.34		

D

SUR Audit Worksheet - Institutional Detail Paid
 Request Date Range: 03/01/2003 - 03/16/2005
 Provider ID:

Request Date: 03/16/2005 Request Number: 699
 Request By ID:

Recipient ID:

ICN: 2003345131044

FDOS	TDOS	DI Num	Revenue Code	Procedure Code	Program Health	Qty Billed	Qty Allowed	Bill Amount	Allow Amount	Paid Amount	Auditors Comment
11/19/2003	11/19/2003	1	300 - LABORATORY	36415 - ROUTINE VEINPUNCTURE FOR	MA Medicaid	1.00	1.00	\$13.80	\$3.00	\$3.00	
11/19/2003	11/19/2003	2	301 - LAB CHEMISTRY	80184 - DIRCPLYLACETIC ACID	MA Medicaid	1.00	1.00	\$104.65	\$18.72	\$18.72	
Sum:						2	2	\$118.45	\$21.72	\$21.72	

Recipient ID:

ICN: 2003345131118

FDOS	TDOS	DI Num	Revenue Code	Procedure Code	Program Health	Qty Billed	Qty Allowed	Bill Amount	Allow Amount	Paid Amount	Auditors Comment
10/27/2003	10/27/2003	1	324 - DIAGNOSTIC X-RAY/CHEST	71020 - RADIOLOGIC EXAMINATION, C	MA Medicaid	1.00	1.00	\$110.00	\$34.98	\$34.98	
10/27/2003	10/27/2003	2	460 - EMERG ROOM		MA Medicaid	1.00	1.00	\$201.00	\$75.80	\$75.80	
10/27/2003	10/27/2003	3	638 - DRUGS REQUIRING DETAILED CODING	J1100 - INJECTION, DEXAMETHOSONE	MA Medicaid	5.00	5.00	\$13.80	\$2.35	\$2.35	
Sum:						7	7	\$324.60	\$113.13	\$113.13	

Following are descriptions of the fields on the SUR Audit Worksheet tabs.

Field	Description
(A) Modified Description	The PIC modified description.
(A) NDC Description	The national drug code and description.
(A,B,C,D) Allowed Amount	Total dollars allowed by system per code.
(A,B,C,D) Auditor Comments	The auditor's comments
(A,B,C,D) Billed Amount	Total dollars billed per code.
(A,B,C,D) Dtl Num	The claim detail number.
(A,B,C,D) FDOS	The date of first service for this detail.
(A,B,C,D) ICN	The internal control number of the claim.
(A,B,C,D) Paid Amount	Total dollars paid per code.
(A,B,C,D) Provider ID	The provider's number and name.
(A,B,C,D) Qty Allowed	Total number of units allowed per code.
(A,B,C,D) Qty Billed	Total number of units billed per code.
(A,B,C,D) Recipient ID	The recipient's number and name.
(A,B,C,D) Request By ID	The user's ID.
(A,B,C,D) Request Date	The date the Random Sample Request was processed.
(A,B,C,D) Request Date Range	The date of service date range requested by the user.
(A,B,C,D) Request Number	System assigned key that uniquely identifies the request that was created for the Provider Claim Detail Report process. The user will be prompted for the Request Number when ordering a Audit Worksheet.
(A,B,C,D) Sum: Allowed Amount	The total amount allowed.
(A,B,C,D) Sum: Billed Amount	The total amount billed.
(A,B,C,D) Sum: Paid Amount	The total amount paid.
(A,B,C,D) Sum: Quantity	The total quantity.
(A,B,C,D) Sum: Units of Service	The total unit of services.
(A,B,C,D) TDOS	The date of last service for this detail.
(A,B,D) Health Program Description	The health program code and description.

Field	Description
(A,B,D) Procedure Code	The code and description of the procedure performed by the provider.
(A,C) Claim Modifier 1	The first procedure code modifier from the claim.
(A,C) Claim Modifier 2	The first procedure code modifier from the claim.
(A,C) Claim Modifier 3	The first procedure code modifier from the claim.
(A,C) Claim Modifier 4	The first procedure code modifier from the claim.
(B,D) ICD9 Procedure Code	The International Classification of Diseases version 9 - surgical procedure code. Surgical procedure code.
(B,D) Revenue Code	The revenue code and description.
(C) ICD9 Diagnosis Code	The first diagnosis code and description.

7 Business Objects Universe

To achieve maximum benefit from a DSS, the structuring of the available data must be organized in logical groupings for easy navigation. In BusinessObjects this is accomplished through a universe, centered on the business areas of the MMIS as well as other data sources. By definition a universe is:

Universe The sphere or realm in which something exists or takes place. From a DSS perspective, a universe is a logical subject area such as claims, provider or recipient. Select the universe needed as part of a step-by-step process when creating a report.

You can interact with a universe through the Query Panel in BusinessObjects. This 3-panel window presents all of the available fields for the selected universe. The left hand panel of the window displays a series of folders, which are referred to as classes in BusinessObjects. By definition a class is:

Class A set, collection, group, or configuration containing members regarded as having certain attributes or traits in common; a kind or category. From a DSS perspective, a class is a grouping of information such as detailed claim information or provider address information. Simply put, a class is a logical grouping of data for the users to organize the individual objects.

The classes are organized to group like data objects together such as provider demographic information or claim detail information under a single folder. This makes for quick navigation to the objects the user is looking for. Within the class folders are the objects available for query creation. By definition an object is:

Object Something perceptible by one or more of the senses, especially by vision or touch; a material thing. An object in this solution is an individual data source such as a recipient number, billing provider number, procedure code or date of service.

The object types are color and object coded for easy recognition.

- Count and Amounts (measures) are pink spheres
- Dimension objects are blue cubes

- Filters (pre-defined conditions) are yellow funnels
- Detail objects are green triangles (provides descriptive data about the dimension the object is associated with. A detail object cannot be used for drill down.)

Select between a view of objects such as dimensions/measures/detail objects or a view of filters through clicking on the radio button at the bottom left hand corner of the query panel.

In the Query Panel of BusinessObjects, highlight an object in the left hand panel of the window, the objects description will appear at the bottom. This object description is the same one used in the MMIS for this data source.

Select an object through a point and double click of the mouse. Simply place the cursor/arrow over the object you wish to pull into the query. Then by double clicking on the object, the object is placed in the result objects list portion of the query panel. Click/drag and drop an object into the results window as an alternative method of object selection. To build conditions on a query you must drag and drop those objects desired into the conditions window of the query panel.

Conditions Something frequently applied to a query to limit the extent of a query, e.g., condition on the Claim Type might limit the query to physician claims only.

Filters A single condition or combination of conditions frequently used and have been predefined to expedite your query. Certain filters are required under certain circumstances. Please refer to “Paid Claims Only” under the Claims Analysis Universe information below.

The remainder of this section provides a snapshot view of the universes available in the DSS and the filter organization within each universe.

7.1 Claims Analysis Universe

The Claims Analysis universe provides a program wide view of the services provided to the recipient community. The universe contains the most commonly queried upon objects for each claim type in a central location.

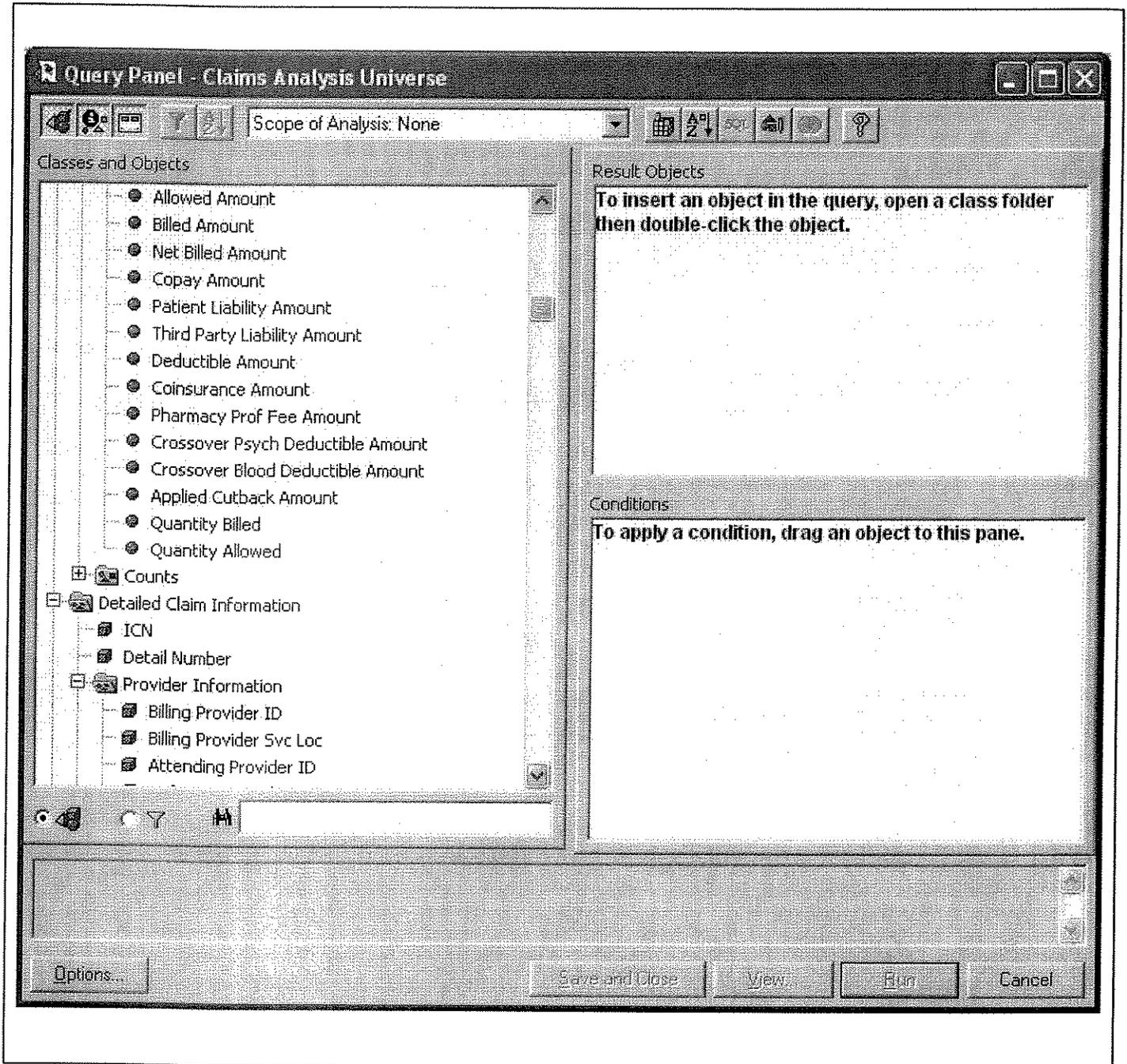
This universe also contains header paid and detail paid claims. It is very important when running queries in this universe to ensure that data for the amount paid is retrieved from the same place for all claim types. The Claims Analysis universe should be utilized when looking for claim

payment information that spans several claim types such as inpatient, outpatient or pharmacy services or can be used to retrieve data for a single claim type.

The data in Claims Analysis is organized along various standard dimensions of the claims, including recipient demographics, provider demographics, claim demographics, as well as time dimensions including date of service and payment date of the claim. The purpose of the dimensions is to provide faster access to the data.

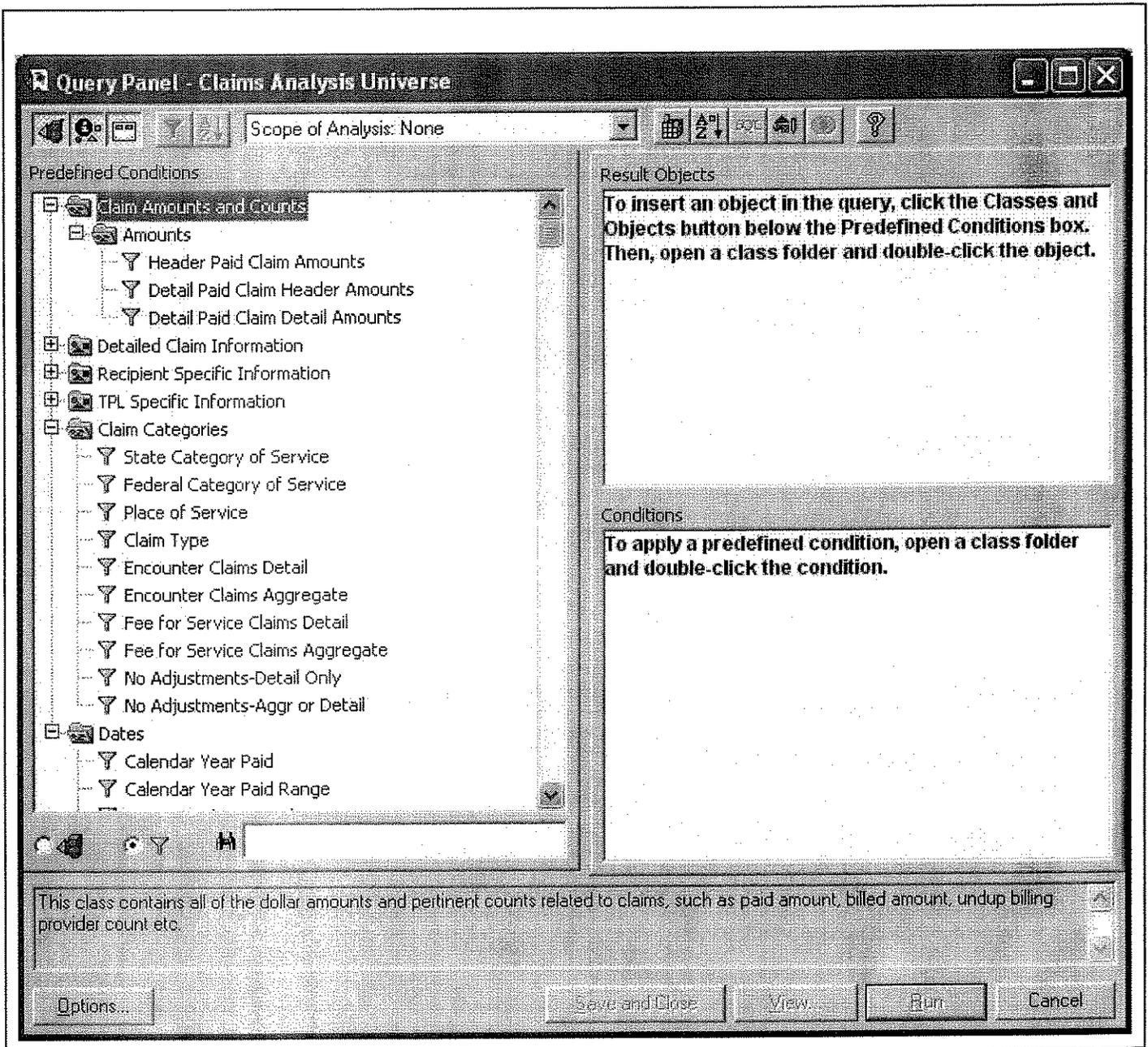
The universe does contain three years of claim level data (Fee For Service and Shadow Claims) in addition to provider and recipient information that has been linked in to the universe.

The following is a window of the Claims Analysis universe.



7.1.1 Claims Analysis filters

The Claims Analysis filter set includes numerous filters such as paid claims only, claim indicators, payment dates, dates of service, etc. There are a few absolute key filters that users must include in queries while the remaining filters have been created for the ease of use of the system. The window below shows a view of some of the filters available.



The following is an example of a standard filter that may be used in the Claims Analysis universe. It also describes when the filter should be applied to the conditions of a query.

Filter Name	Typically used when
Paid Claims Only	Found under Claim Indicators class Filter Use: Retrieves only paid claims. If you select claims as an object and do not use a Claims Indicator filter, you will get all claims.

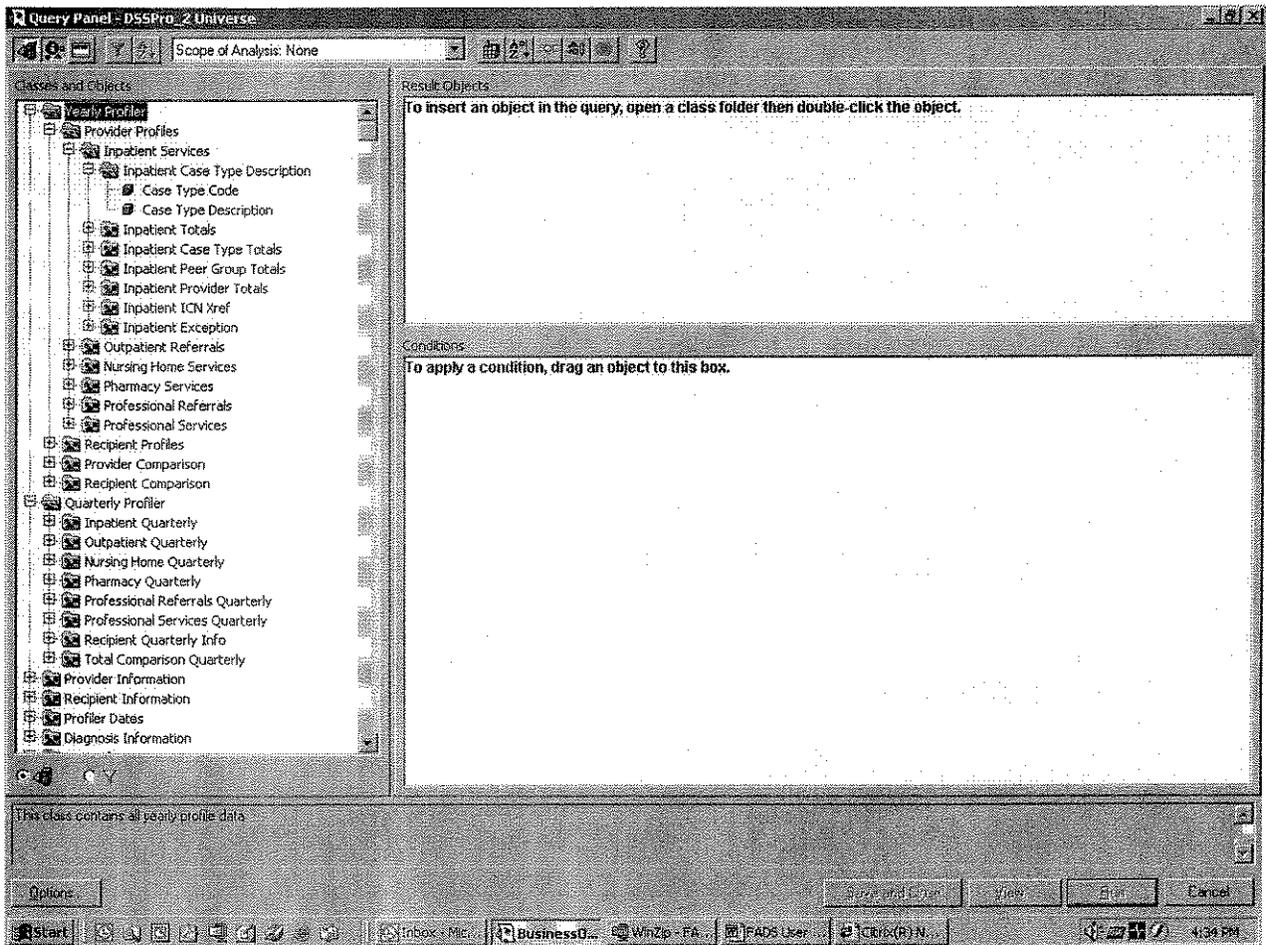
7.2 DSSProfiler Universe

The DSSProfiler Universe is designed to support the “standard” reports developed within the DSSProfiler process. The universe contains all aggregated information by Provider, Peer Group, and Recipient and provides age/gender adjusted comparisons for these subsets of information. See Section 5 for an overview of DSSProfiler standard reports or the DSSProfiler User Manual for more detailed information. The DSSProfiler is a means of aggregating large volumes of detailed service data for quick and easy access. Since the data is provided in summary format, reports are produced quickly. The typical DSSProfiler report is a prompted report making the reports re-usable and flexible. The typical types of analysis performed within the DSSProfiler universe are those of:

- Provider Profiling (report cards)
- Exception Reporting (expected versus actual)
- Treatment Analysis (disease management)

Most users will simply make use of the standard DSSProfiler reports available in the report library Infoview. While the reports provide a great deal of information the user is free to utilize the DSSProfiler universe to customize reports as needed.

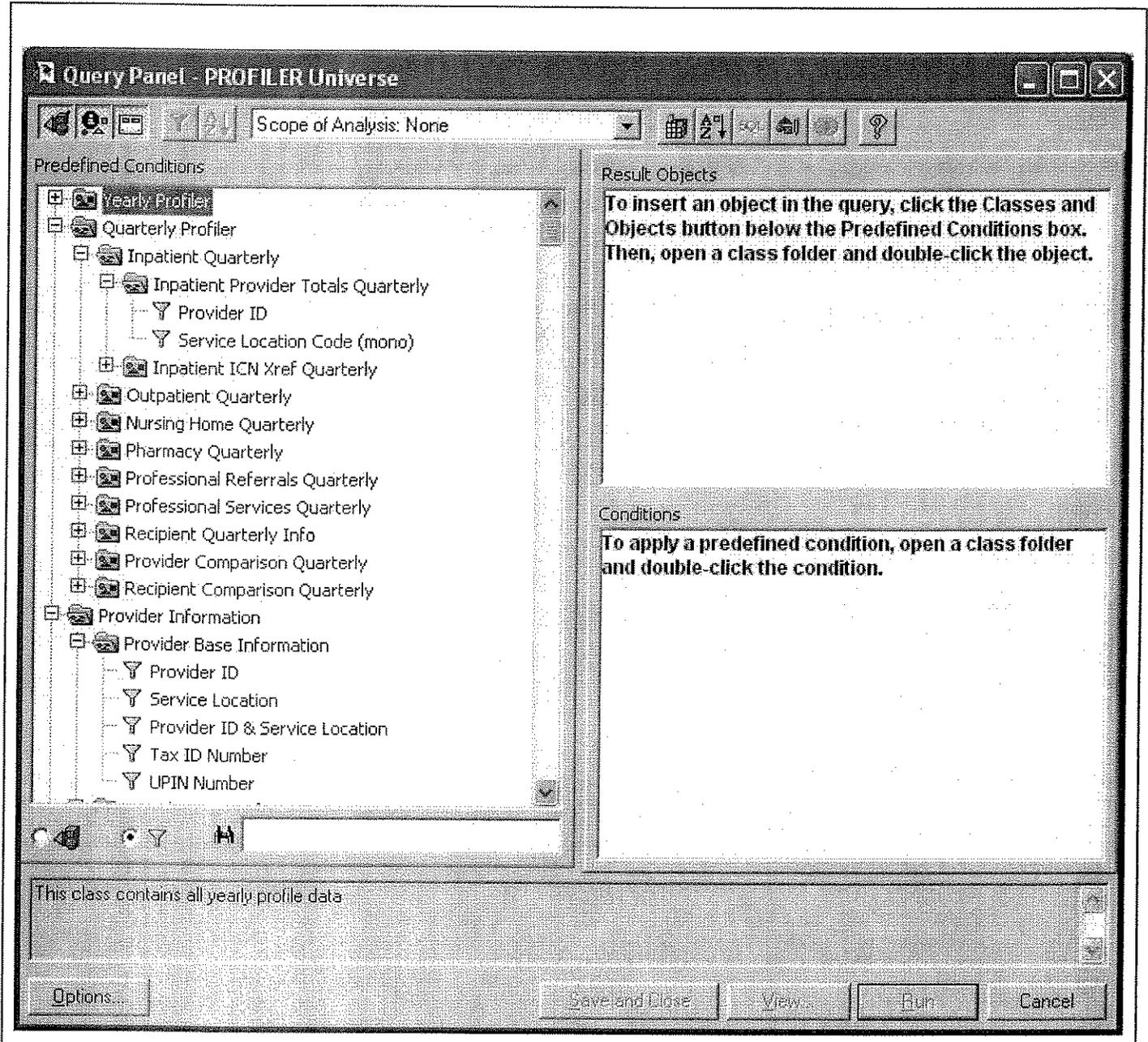
The following is a snapshot of the DSSProfiler universe:



7.2.1 DSSProfiler filters

The DSSProfiler universe contains several filters that have been included for the ease of use of the system. There are several filters currently in this universe such as are Provider ID, Service

Location, Provider ID Service Location, Tax ID Number, UPIN Number, Provider Type, Recipient ID and Eligibility to name just a few. The following is a snapshot of the DSSProfiler filter options available:



The following example of a standard filter may be used in the DSSProfiler universe. It also describes when the filter should be applied to the conditions of a query.

Filter Name	Typically used when
Provider ID	Found under Provider Information/Provider Base Information. Filter use: Limits a query to one or more provider IDs. This filter is recommended if you want data for a specific provider ID or a list of Provider IDs.

8 Ad Hoc Procedures

The process of ad hoc creation begins by entering the query and reporting tool BusinessObjects. The following pages present the user with the steps required to produce an ad hoc report.

You are encouraged to make use of the on-line help features found within BusinessObjects. There is extensive help that will assist you in the definition of options and how to utilize features of the tool.

8.1 BusinessObjects Version Capabilities

BusinessObjects offers two versions of their reporting software. Currently SUR users have access to thin client. The versions are:

8.1.1 Business Objects Full – Client

BusinessObjects Full-Client resides on individual PCs and is described as a 2-tier system, meaning that the PC communicates directly with the database while in BusinessObjects. Full-Client contains all of the BusinessObjects functionality offered by the tool.

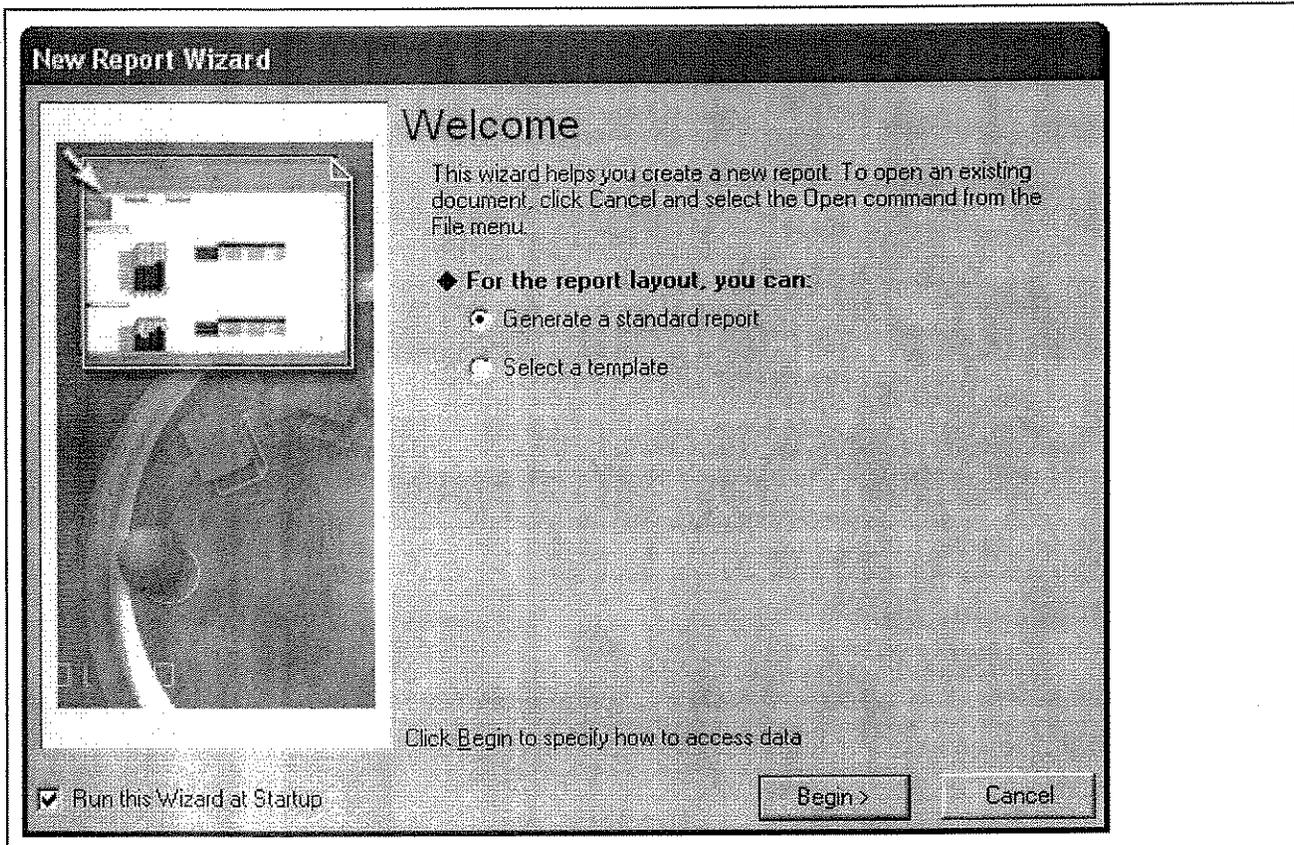
8.1.2 Business Objects Thin – Client

Within the Thin Recipient there is what is called Zero Administration BusinessObjects(ZaBO) and WebIntelligence(WebI).

ZaBO and WebI reside on a server and can be described as a 3-tier system, meaning that a PC communicates first to the WebIntelligence server and then the server communicates to the database. The ZaBO version closely resembles Full-Recipient BusinessObjects while the WebI version is a more Web based application. This version of BusinessObjects does not require manual installations on individual PCs. BusinessObjects can be accessed through InfoView. Once in InfoView, users can launch BusinessObjects to create reports. If BusinessObjects has never been launched from that particular PC, you will be prompted to click through a few windows that will allow the installation of the software from the server to the PC. The installation includes the ZaBO version of BusinessObjects and adding the repository key file to the appropriate BusinessObjects directory on the PC. The recipient version of Oracle resides on the server and does not need to reside on a PC accessing the ZaBO version.

When creating a new query, the New Report Wizard walks through the initial steps of the process. As shown in the following graphic, a user can select a preformatted template for the report to be created or a standard report layout.

8.2 New Report Wizard

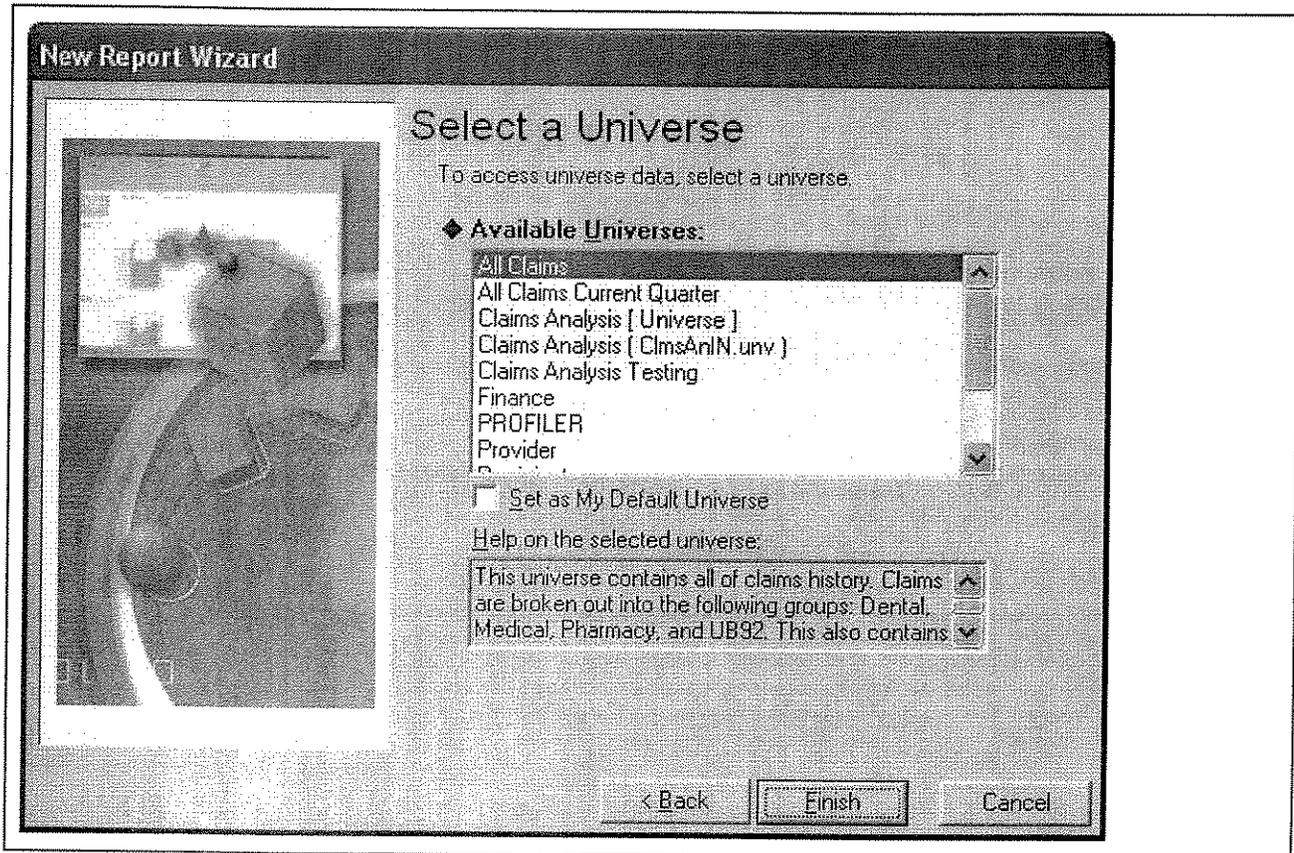


The New Report Wizard simplifies the process of creating new reports by walking through the initial steps of data access.

For this example, the standard report option is displayed; however, you can select from different templates that use standard reporting structures like headers, footers, fonts, and table and chart formats.

In the next step, specify the data source that will be used for the ad hoc. Those data sources are grouped into logical business functions. Each group becomes a universe within BusinessObjects. Select a universe by clicking on the universe title in the "Available Universes" box. Other options are available, such as personal data files or spreadsheets.

8.2.1 Select a Universe

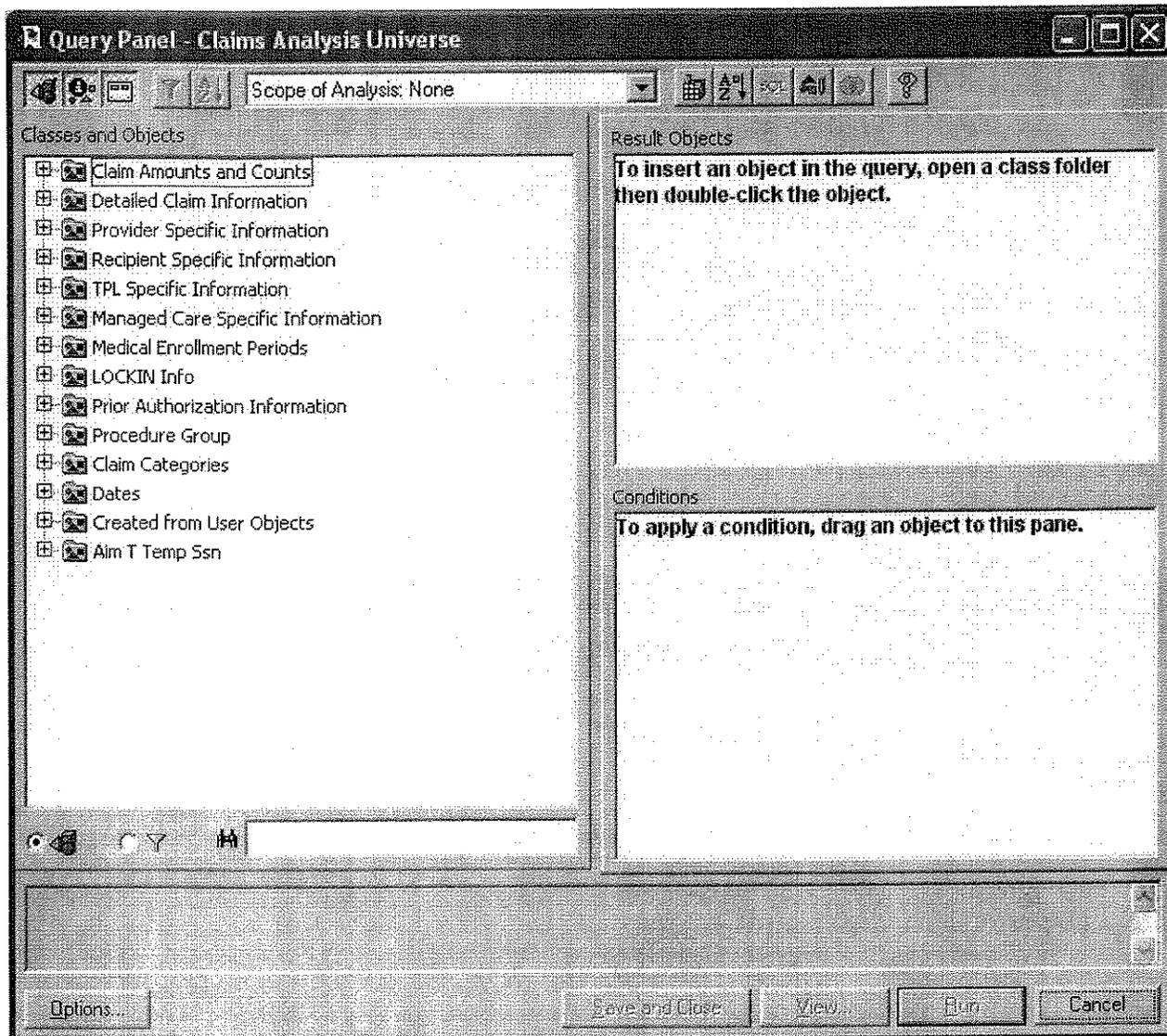


The SUR provides various Universes assigned to each user that contain a high-level description of the contents of the information available.

In this step, all available Universes of information are presented to the user. This window shows several high-level help features. For example, each universe has a description that helps to identify the proper data source. Additionally, the system will only display Universes that are assigned to a security profile.

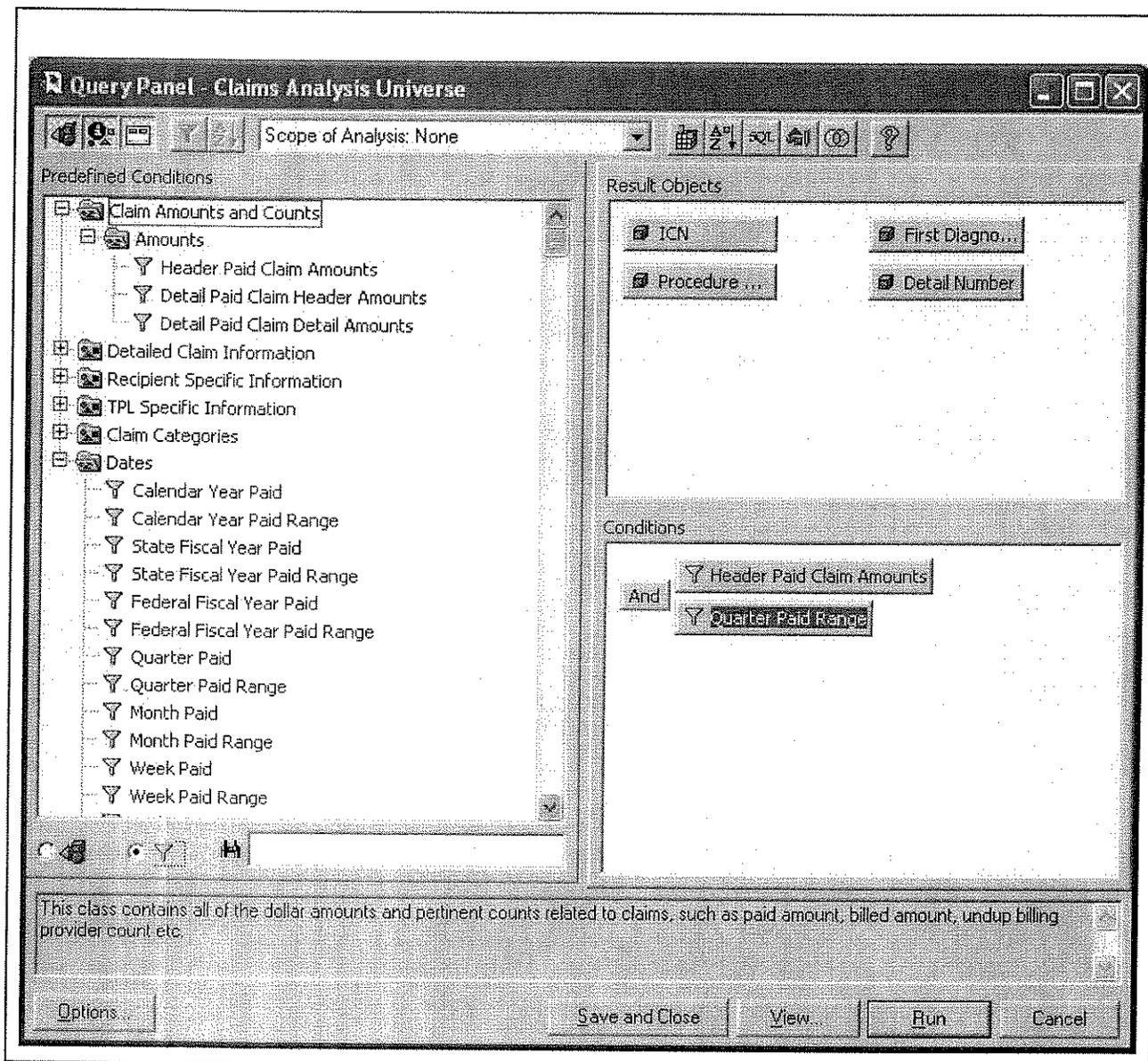
For this example report, select the Claims Analysis Universe.

Once the universe is selected the query panel, as shown in the next view, is displayed. This example shows activities of building a query and is not intended to communicate a specific report example.



8.2.2 Universes are Organized, Structured Data

Universes are organized for ease of finding the informational object necessary. Descriptions of all objects also help the user find the correct data.



The query panel has the same three-panel organization regardless of which universe is selected. The left hand panel of the window is the available objects within the selected universe. The objects are grouped into “classes” or folders much like any windows-environment software. By double clicking on any of the objects in the folder lists above, they appear in the results objects portion of the window. This part of the window will list the objects that make up the result set returned in the query.

To focus a query for a particular time period, or set of provider types or any other condition, the user drags and drops the fields into the conditions panel of the window.

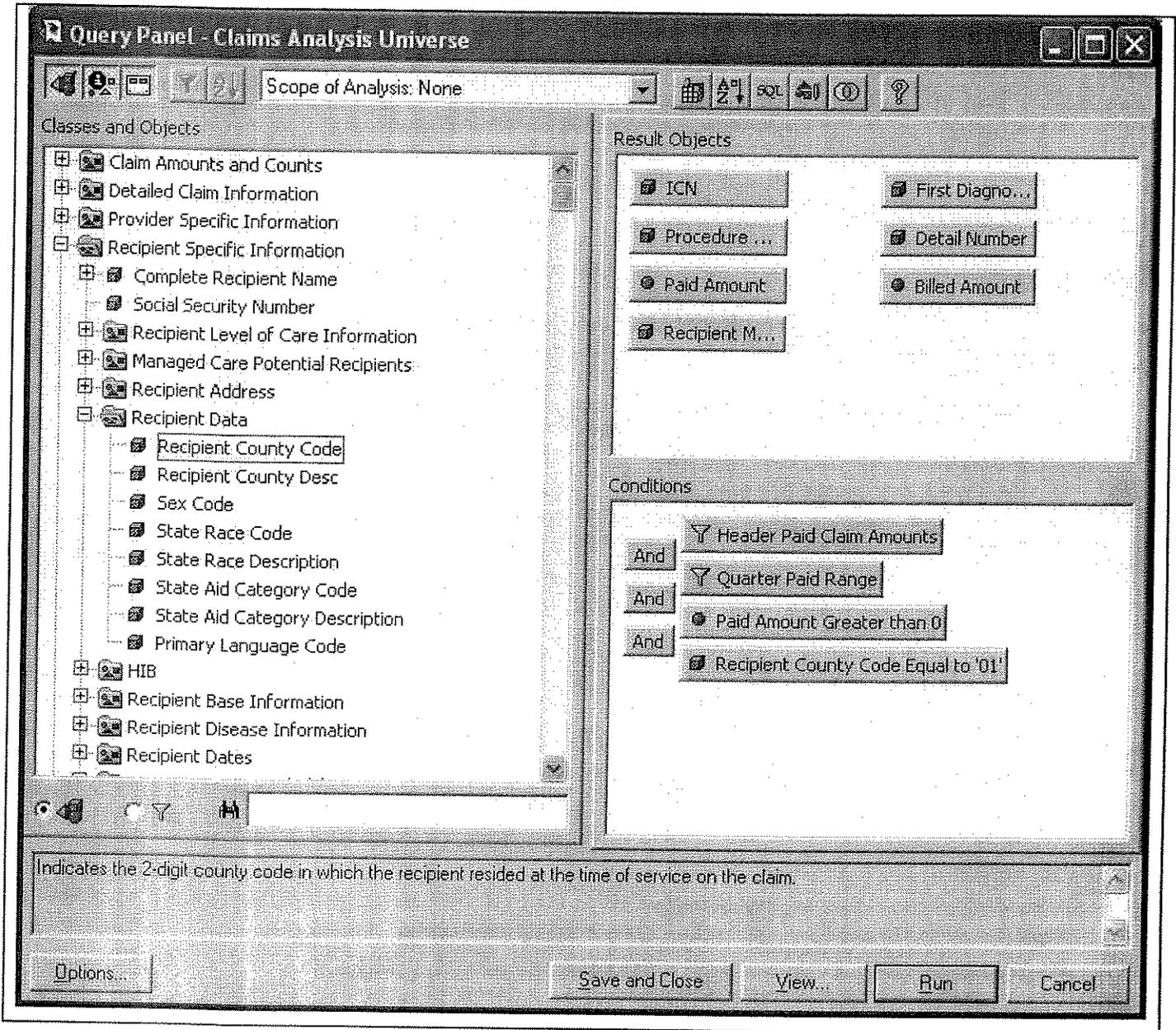
The following window shows the claims analysis universe with seven objects selected for the result set in the top right window and then a compound condition of the reimbursed amount, payment dates, paid claims only and recipient county code were selected to narrow the report.

Click the objects from the left hand panel of the window for the result objects, and drag and drop the objects that are needed for the conditions. By clicking on the payment date object and dragging it to the conditions panel you can drop that object in the conditions panel. When that is done, the left hand panel of the window changes to show the options to help narrow the condition. Then select the condition that applies to their need, options such as, less than, greater than, between, etc. Once that option is selected, in this case between, you are prompted to enter the begin and end dates to fulfill the between condition.

In this example, you have then dragged and dropped the recipient county object and selected the "equal to" option where a specific county code was keyed to focus the query even further. The reimbursed amount and paid date were also selected to further narrow the search.

With the query complete, click on the run button.





The resulting window shows the finalized report bringing back the seven specified columns of data.

Recipients By Procedure and Diagnosis Code						
Run Date: 05/03/2005						
Run Time: 12:24:13 PM						
User ID: nadellx						
ICN	Detail Number	Recipient Medicaid ID	First Diagnosis Code Desc	Procedure Code Desc	Paid Amount	Billed Amount
1001351647390	1	100176259899	42731 - ATRIAL FIBRILLATION	99214 - OFFICE OR OTHER OUTPATIEN	\$40.43	\$120.00
1001351673170	1	100319587099	8470 - SPRAIN OF NECK	99282 - EMERGENCY DEPARTMENT VISI	\$23.74	\$78.00
1001380654490	1	102838771099	9100 - ABRASION HEAD	99283 - EMERGENCY DEPARTMENT VISI	\$43.82	\$118.00
1002014637630	1	100338160399	53081 - ESOPHAGEAL REFLUX	X3004 - FOHC SERVICES	\$81.75	\$81.75
1002022638370	1	102999320999	V651 - ATTEN TO GASTROSTOMY	99282 - EMERGENCY DEPARTMENT VISI	\$23.74	\$78.00
1002025060150	3	102671082099	-	D0220 - INTRAORAL-PERIAPICAL-FIRS	\$0.00	\$14.00
1002025060150	6	102671082099	-	D2385 - RESIN-ONE SURFACE, POSTER	\$55.50	\$78.00
1002025060150	8	102671082099	-	D0220 - INTRAORAL-PERIAPICAL-FIRS	\$0.00	\$14.00
1002030623980	2	102776395099	7265 - ENTHESOPATHY OF HIP	73550 - RADIOLOGIC EXAMINATION, F	\$21.82	\$110.00
1002031654880	3	102813069699	V202 - ROUTINE INFANT OR CHILD HEALTH CHECK	90713 - IMMUNIZATION, ACTIVE; POL	\$8.00	\$8.00
1002031654880	4	102813069699	PROPHYLACTIC VACCINATION AGAINST STREPTOCOCCUS	90689 - PNEUMOCOCCAL VACCINE, PED	\$8.00	\$8.00

Be aware that the queries and reports are directly linked together. A report can be rerun at any time without having to rebuild the query from scratch. By clicking, on the "Query Panel" option button (the 5th icon left of the report sizing option), you are taken directly to the query panel details of what made up the ad hoc report. You can also get to the Query Panel option by going through the pull down menu under "data". The user can then add or delete fields and modify the conditions on the fly.

Reusing ad hoc reports or the preformatted SUR reports as a basis for future reports saves a lot of time and effort. Reports can be shared and leveraged quickly and easily.

9 Report Analysis and Formatting

The following section is intended to introduce the DSS user to some of the report analysis and format features that are inherent within BusinessObjects. There are many methods to change the formatting of a report from font/color modifications to manipulating the reports by adding calculations and grouping of data.

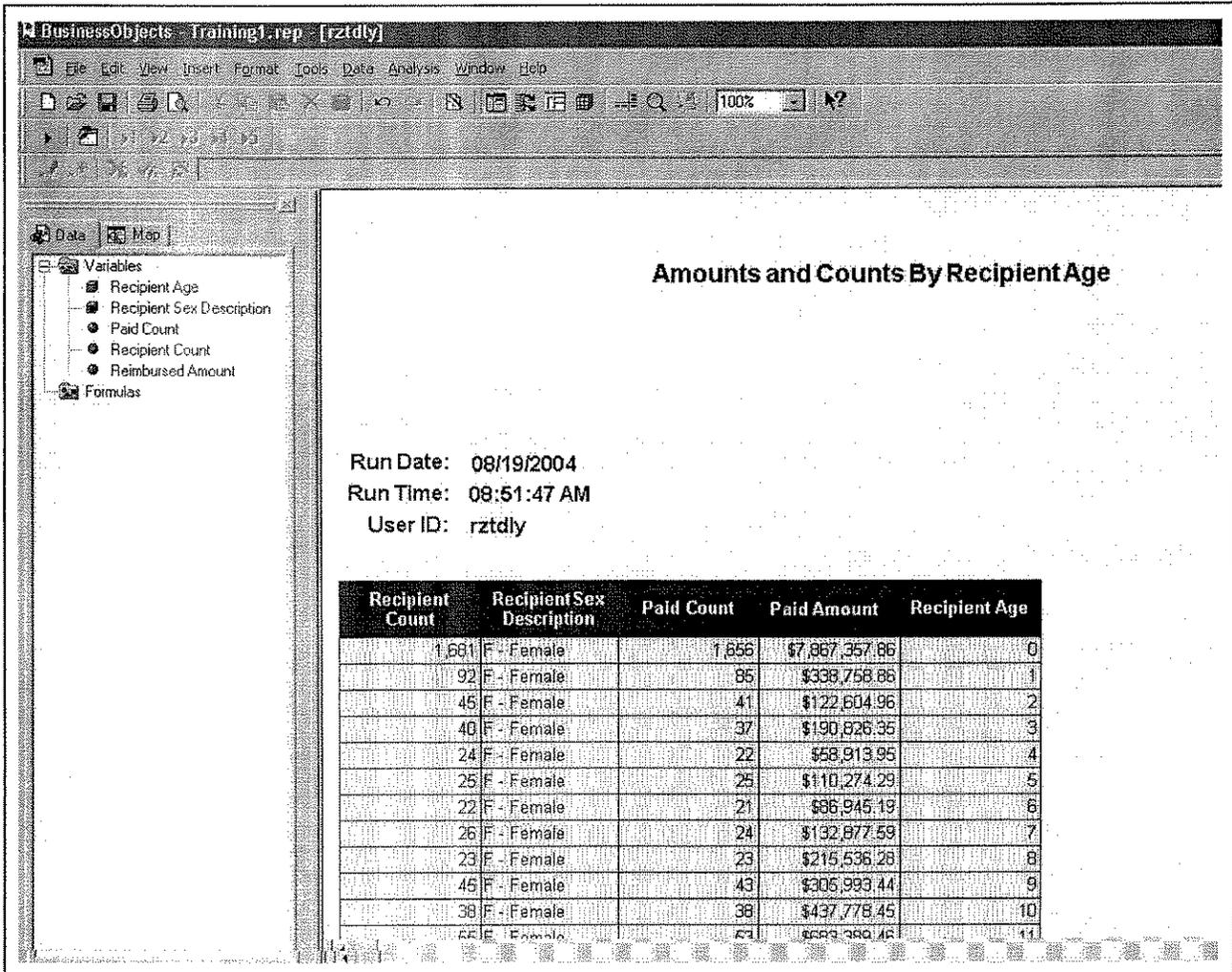
By going through the step-by-step examples in this section, take the basic ad hoc report and perform many modifications to it so the end product is exactly what is needed. In this section you can walk through the steps of the following common report capabilities:

- Add columns or rows
- Adding calculations
- Sorting
- Group Data
- Add totals
- Slice and Dice

Examples in this user manual are intended to provide a starting point for users to be aware of various capabilities within the query and reporting tool.

9.1 Add Columns or Rows

This example starts with a basic report result set of a 5-column report showing recipient counts and paid amounts as well as a few other fields. The first step in adding a column to the report is to highlight the column to the left of where the new column is to be added. (The new column will always be added to the right.)



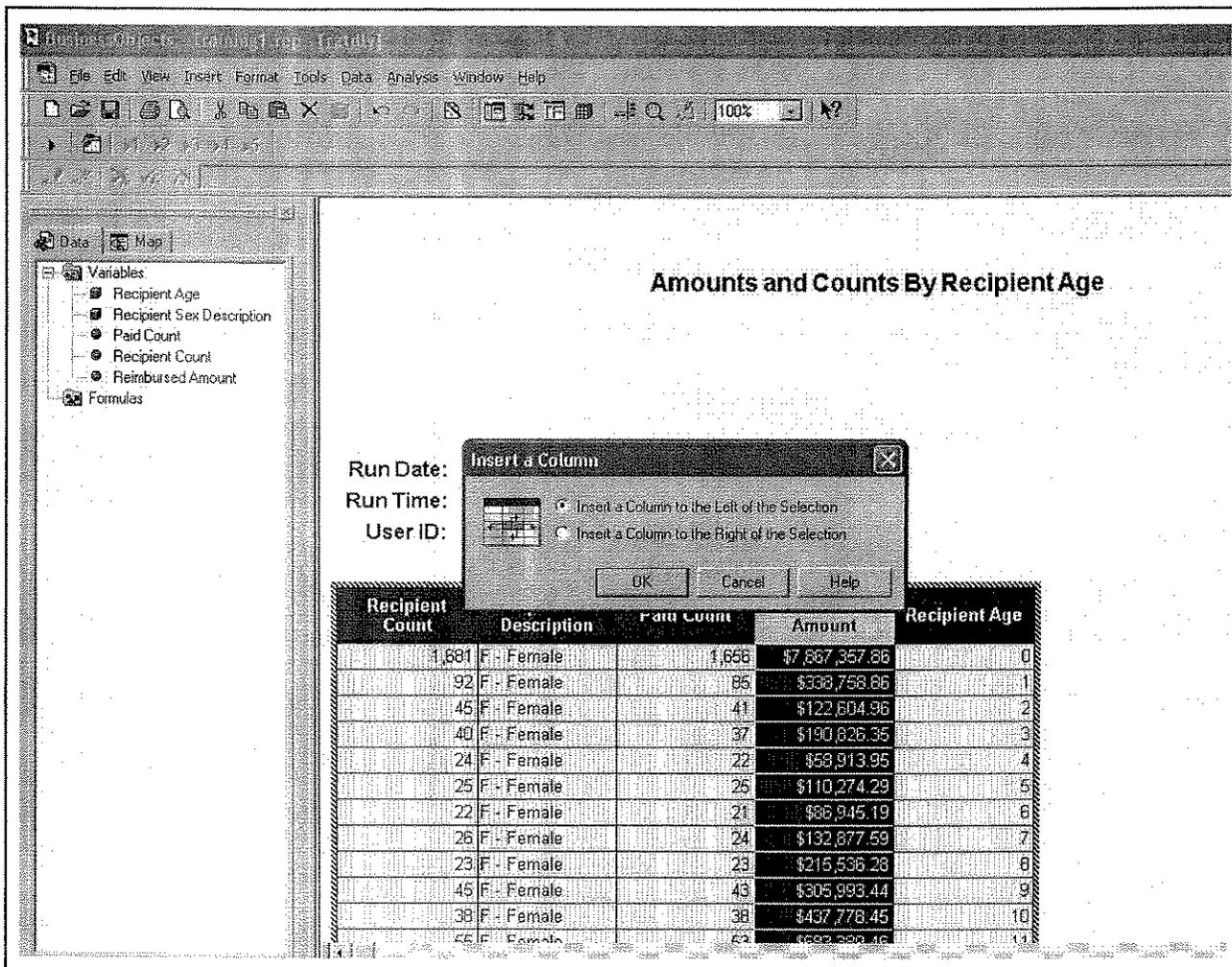
When you click the “Insert” drop down list from the top menu bar, pick the “column” entry to insert a column to the right of the paid amount column, which was first highlighted.

Amounts and Counts By Recipient Age

Run Date: 08/19/2004
 Run Time: 08:51:47 AM
 User ID: rztldy

Recipient Count	Recipient Sex Description	Paid Count	Paid Amount	Recipient Age
1,681	F - Female	1,666	\$7,067,357.86	0
92	F - Female	86	\$338,758.86	1
45	F - Female	41	\$122,604.96	2
40	F - Female	37	\$190,826.35	3
24	F - Female	22	\$58,913.95	4
25	F - Female	25	\$110,274.29	5
22	F - Female	21	\$86,945.19	6

A dialog box is displayed that lets you select the placement of the new column.



Once the dialog box selection is made, click "OK" -- the blank column appears on the report. Rows can be added in a similar fashion.

Amounts and Counts By Recipient Age

Run Date: 08/19/2004
 Run Time: 08:51:47 AM
 User ID: rztldly

Recipient Count	Recipient Sex Description	Paid Count	Paid Amount	Recipient Age
1,681	F - Female	1,656	\$7,867,367.86	0
92	F - Female	86	\$338,758.86	1
45	F - Female	41	\$122,604.96	2
40	F - Female	37	\$190,826.36	3
24	F - Female	22	\$58,913.96	4
25	F - Female	25	\$110,274.29	5
22	F - Female	21	\$86,945.19	6
26	F - Female	24	\$132,877.59	7
23	F - Female	23	\$215,556.28	8
45	F - Female	43	\$305,993.44	9
38	F - Female	38	\$437,778.45	10
...

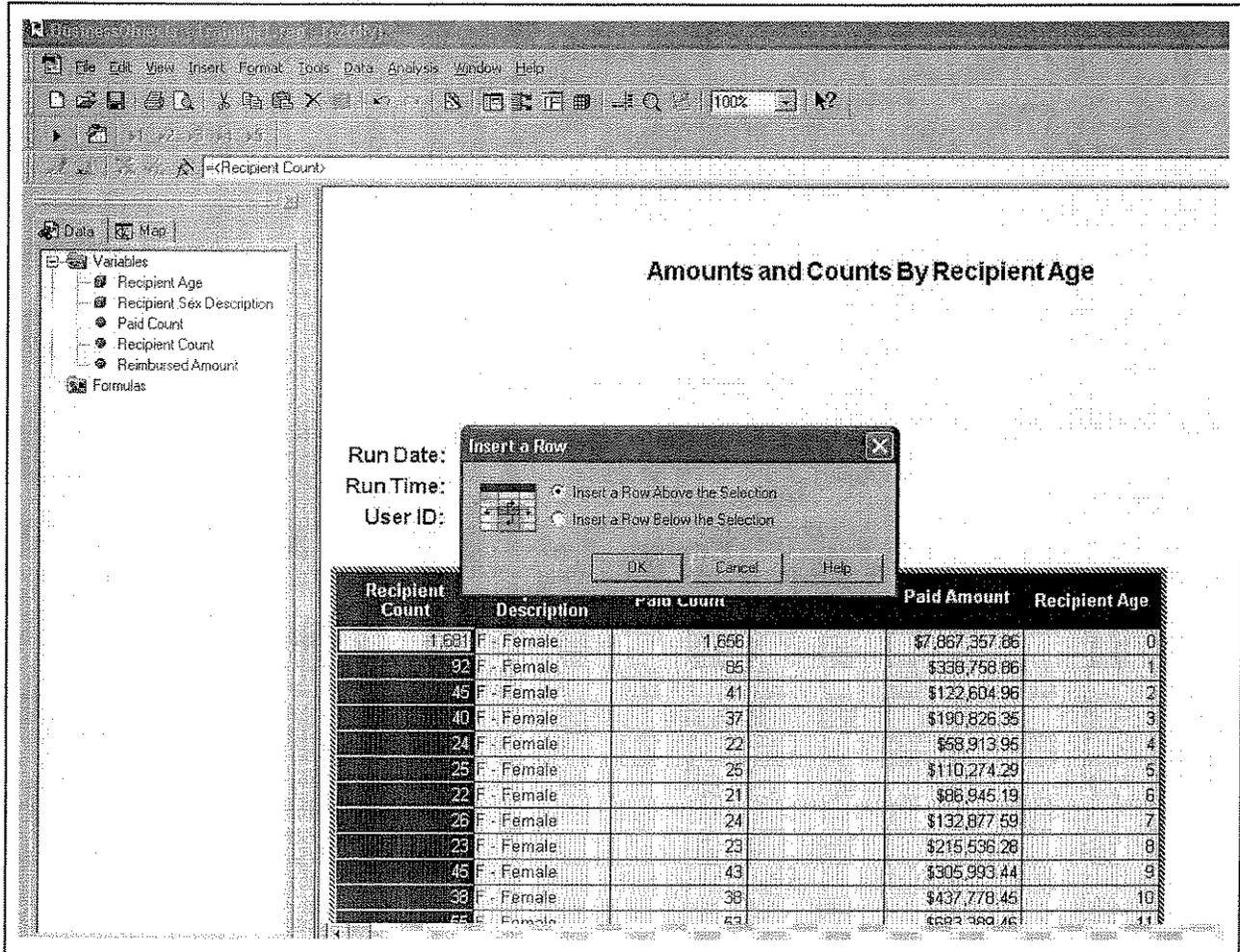
Inserting a row is basically the same process as inserting a column. First click on “Row” from within the Insert drop down menu option.

Amounts and Counts By Recipient Age

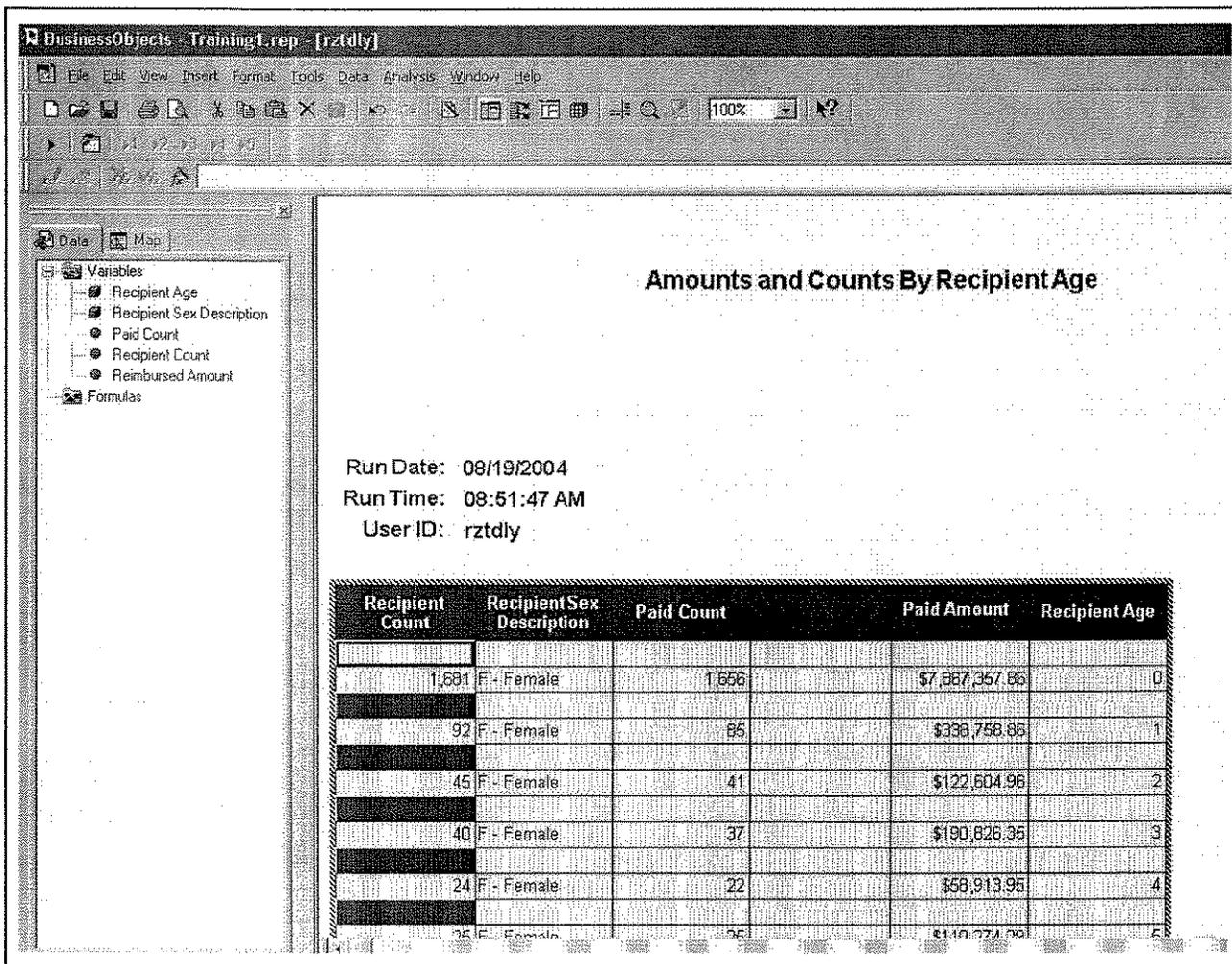
Run Date: 08/19/2004
 Run Time: 08:51:47 AM
 User ID: rztdly

Recipient Count	Recipient Sex Description	Paid Count	Paid Amount	Recipient Age
1681	F - Female	1656	\$7,867,357.86	0
92	F - Female	86	\$336,758.86	1
45	F - Female	41	\$122,604.96	2
40	F - Female	37	\$190,826.36	3
24	F - Female	22	\$58,913.96	4
25	F - Female	25	\$110,274.29	5
22	F - Female	21	\$66,945.19	6
26	F - Female	24	\$132,877.59	7
23	F - Female	23	\$215,536.28	8
45	F - Female	43	\$305,993.44	9
38	F - Female	38	\$437,778.45	10
55	F - Female	53	\$683,380.46	11

A dialog box is displayed that shows where to insert the new row.



Once the selection on the dialog box is made, click OK -- the blank row appears on the report.



9.2 Adding Column Calculations

The formula editor creates calculations based on data returned in the report. The following example will show how to add a calculated column showing the average reimbursed amount per recipient.

After inserting a blank column, select “Variable” from the Data drop down menu to get to the formula editor . Then select “Add” since the average reimbursed amount per recipient variable for this report didn’t previously exist. For changing a user-created variable column that already exists, select “Edit Formula” from the Data drop down menu or click on “Edit” in the Variable window to get to the formula editor.

BusinessObjects - Training1.rep - [rztddy]

File Edit View Insert Format Tools Data Analysis Window Help

Variables...
 Edit Formula...
 Define as Variable...
 Calculations...
 Group Values...
 Rename Group...
 Euro
 Refresh Data
 Edit Data Provider...
 New Data Provider...
 View Data...

Amounts and Counts By Recipient Age

Run Date: 08/19/2004
 Run Time: 08:51:47 AM
 User ID: rztddy

Recipient Count	Recipient Sex Description	Paid Count	Paid Amount	Recipient Age
1,681	F - Female	1,656	\$7,867,357.66	0
92	F - Female	86	\$338,758.86	1
45	F - Female	41	\$122,604.96	2
40	F - Female	37	\$190,826.35	3
24	F - Female	22	\$58,913.95	4
25	F - Female	25	\$110,274.29	5
22	F - Female	21	\$86,945.19	6
26	F - Female	24	\$132,877.59	7
23	F - Female	23	\$215,536.29	8
45	F - Female	43	\$305,993.44	9
38	F - Female	39	\$437,778.45	10
55	F - Female	43	\$622,300.45	11

OR highlight the column and right-click

The screenshot shows the BusinessObjects interface with a report titled "Amounts and Counts By Recipient Age". The report includes a table with columns for Recipient Count, Recipient Sex Description, Paid Count, and Recipient Age. A context menu is open over the 'Paid Count' column, showing options like Cut, Copy, Paste, Clear, Delete, Format Cell..., Set as Master, Rotate Table, Turn to Chart, and Format Table... The table data is as follows:

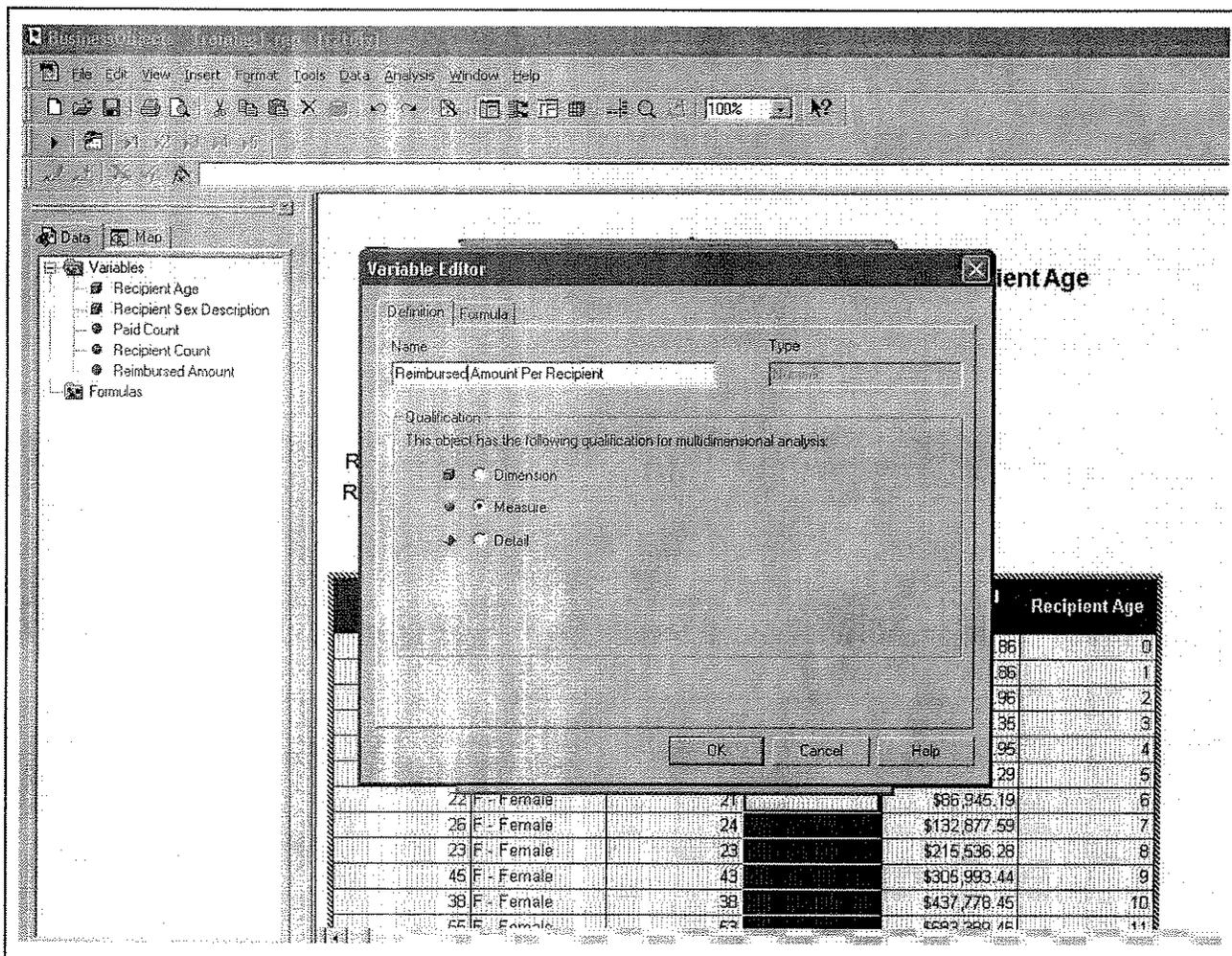
Recipient Count	Recipient Sex Description	Paid Count	Recipient Age
1,681	F - Female	1,666	0
92	F - Female	85	1
45	F - Female	41	2
40	F - Female	37	3
24	F - Female	22	4
25	F - Female	25	5
22	F - Female	21	6
26	F - Female	24	7
23	F - Female	23	8
45	F - Female	43	9
38	F - Female	38	10
55	F - Female	53	11

Click the Add button to go to the formula editor window.

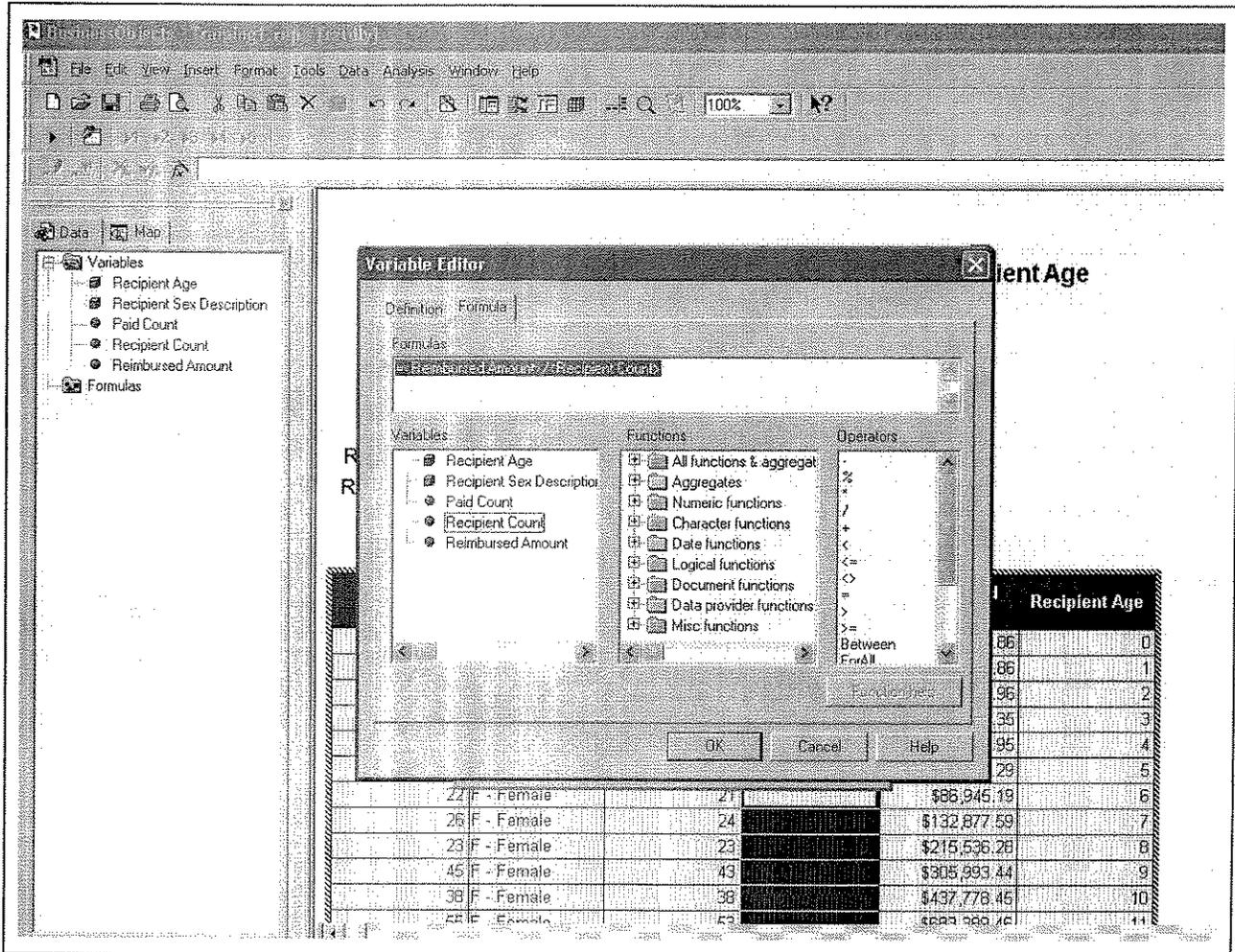
The screenshot shows a software window with a menu bar (File, Edit, View, Insert, Format, Tools, Data, Analysis, Window, Help) and a toolbar. On the left, a 'Data' pane shows a tree view with 'Variables' expanded, listing: Recipient Age, Recipient Sex Description, Paid Count, Recipient Count, Reimbursed Amount, Formulas, and Constants. A 'Variables' dialog box is open in the center, containing a list of the same variables and buttons for 'Add', 'Remove', 'Edit', and 'Cancel'. Below the dialog, a report is displayed with the following data:

Recipient Count	Paid Amount	Recipient Age
1,66	\$7,867,357.86	0
3	\$338,758.66	1
4	\$122,604.96	2
4	\$190,826.35	3
2	\$58,913.95	4
2	\$110,274.29	5
22 F - Female	\$86,945.19	6
26 F - Female	\$132,877.59	7
23 F - Female	\$215,536.28	8
45 F - Female	\$305,983.44	9
38 F - Female	\$437,778.45	10
55 F - Female	\$522,280.10	11

Enter a name for the Variable/formula you are creating.



Click the Formula tab to enter your formula into the column. Build the formula by double-clicking the variables that are available from the query and using the functions and/or operators available in the window. In this example, we are dividing the reimbursed amount by the recipient count. When your formula is complete, click OK. The formula syntax will be checked and if there is an error, a message will pop up. If there is no error, you will be returned to the Variables window so that you can insert the formula into the column.



Because there were no errors in the formula, the variable was created and added to the list of available variables. Click the insert button to insert the variable into the column. Notice that the column was inserted and the variable calculated based on the formula. Also notice that the column name is the name of the variable you assigned. You may have to expand the column to show the entire variable name if the variable name is longer than the default column size.

Amounts and Counts By Recipient Age

Run Date: 08/19/2004
 Run Time: 08:51:47 AM
 User ID: rztdly

Recipient Count	Recipient Sex Description	Paid Count	Paid Amount Per Recipient	Paid Amount	Recipient Age
1,681	F - Female	1,656	\$4,680.17	\$7,667,357.86	0
92	F - Female	95	\$3,682.16	\$338,758.86	1
45	F - Female	41	\$2,724.55	\$122,604.96	2
40	F - Female	37	\$4,770.66	\$190,826.35	3
24	F - Female	22	\$2,454.75	\$58,913.95	4
25	F - Female	25	\$4,410.97	\$110,274.29	5
22	F - Female	21	\$3,952.05	\$86,945.19	6
26	F - Female	24	\$5,110.68	\$132,877.59	7
23	F - Female	23	\$9,371.14	\$215,536.28	8
45	F - Female	43	\$6,799.85	\$305,993.44	9
38	F - Female	38	\$11,520.49	\$437,778.45	10
54	F - Female	53	\$12,495.75	\$692,990.16	11

9.3 Report Sorting

Once the calculated column has been added the user may desire to sort the report based on the new column. The following window captures the activity of applying sort criteria to the report. In this example, Reimbursed Amount per recipient is named Avg Cost per Recipient.

The screenshot shows a software application window titled "BusinessObjects - Training1.rep - [rztldly]". The window contains a report titled "Amounts and Co...". The report includes a table with the following data:

Recipient Count	Recipient Sex Description	Paid Count	Avg Cost Recipient
1,681	F - Female	1,656	\$4.6
92	F - Female	86	\$3.6
45	F - Female	41	\$2,749.35
40	F - Female	37	\$4,770.86
24	F - Female	22	\$2,454.75
25	F - Female	25	\$4,410.97
22	F - Female	21	\$3,952.05
26	F - Female	24	\$5,110.68
23	F - Female	23	\$9,371.14
45	F - Female	43	\$5,799.85
38	F - Female	38	\$11,520.49
55	F - Female	53	\$10,175.28

A context menu is open over the "Avg Cost Recipient" column, showing options for sorting: Ascending and Descending. The "Insert Sorts" option is selected, and the "Descending" option is highlighted.

When you return to the report, the column has been calculated. To see which recipient types have the highest average cost, the user can right-click on the column and select Insert Sorts/Descending.

The report is now presented to the user with the Avg Cost Per Recipient in descending order in the report.

Amounts and Counts By Recipient Age

Run Date: 08/19/2004
 Run Time: 08:51:47 AM
 User ID: rztldly

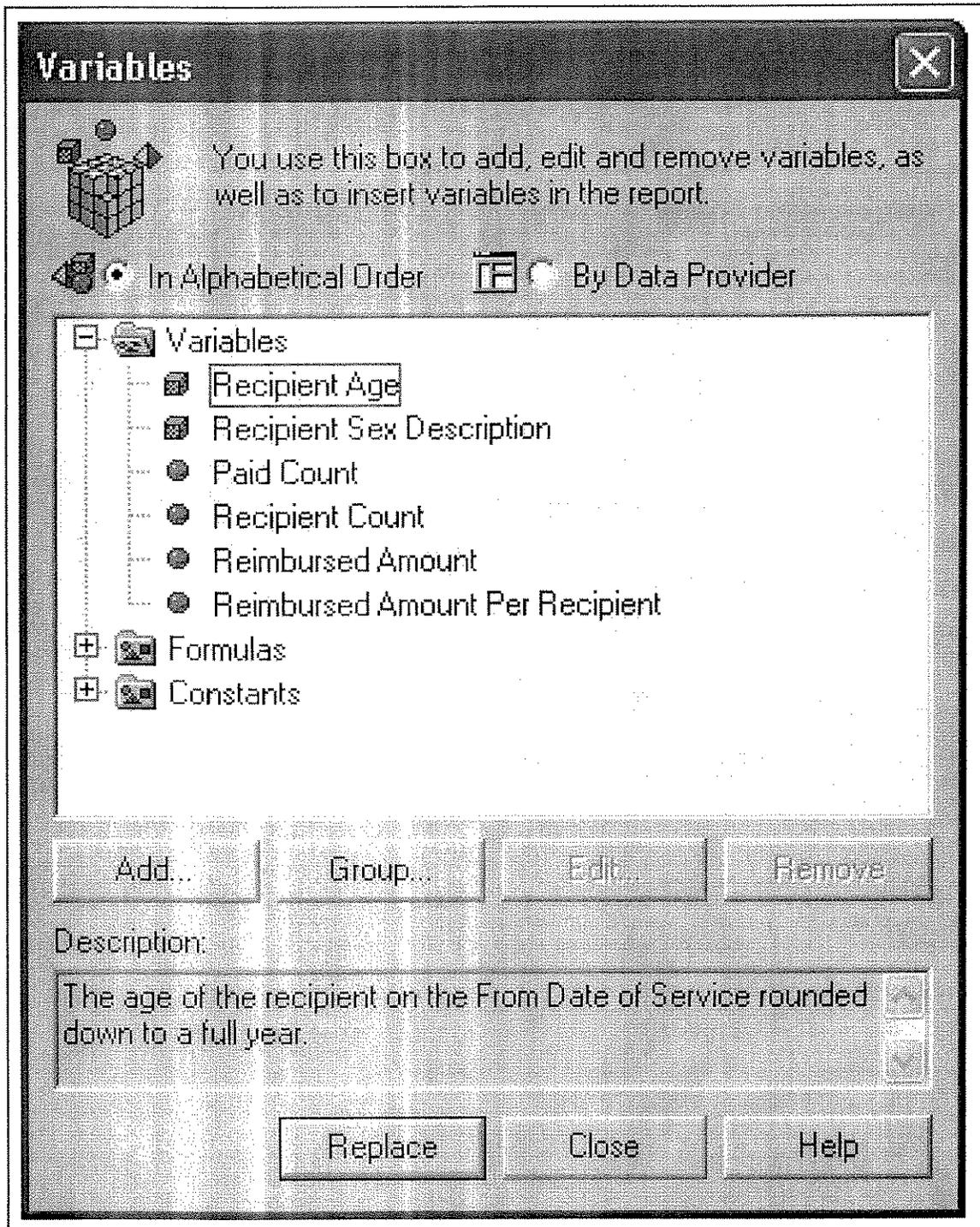
Recipient Count	Recipient Sex Description	Paid Count	Avg Cost Per Recipient	Paid Amount	Recipient Age
221	M - Male	217	\$15,378.35	\$3,398,615.28	15
157	M - Male	154	\$14,845.89	\$2,330,803.95	12
231	M - Male	229	\$14,484.71	\$3,345,967.26	14
123	M - Male	120	\$13,957.00	\$1,716,710.98	11
219	M - Male	209	\$12,781.75	\$2,799,203.91	13
226	M - Male	221	\$12,617.09	\$2,851,463.43	16
139	F - Female	134	\$12,506.26	\$1,738,370.36	13
55	F - Female	53	\$12,425.26	\$683,389.46	11
113	M - Male	110	\$12,201.85	\$1,378,808.58	10
63	M - Male	62	\$11,891.40	\$749,158.07	8
78	M - Male	74	\$11,899.58	\$912,567.19	9
38	F - Female	38	\$11,500.00	\$437,778.46	10

The results of the sort calculation quickly display.

9.4 Creating a Grouping of Data

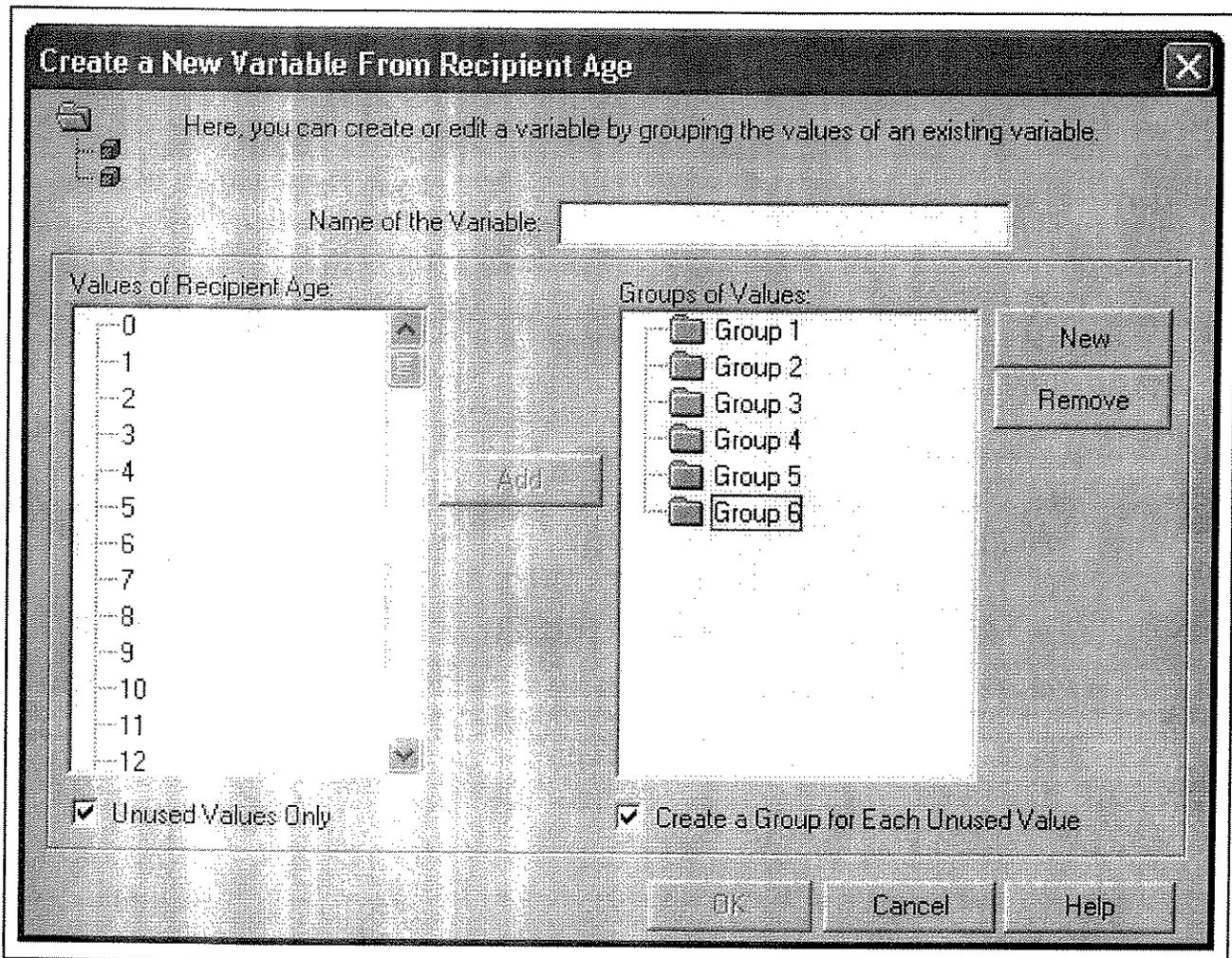
Instead of looking at individual ages, you can create age groups to refine the view of these recipients. The following shows how the same report can have the data presentation grouped by user-defined means.

Through the Data drop down menu option the user selects “variables”.



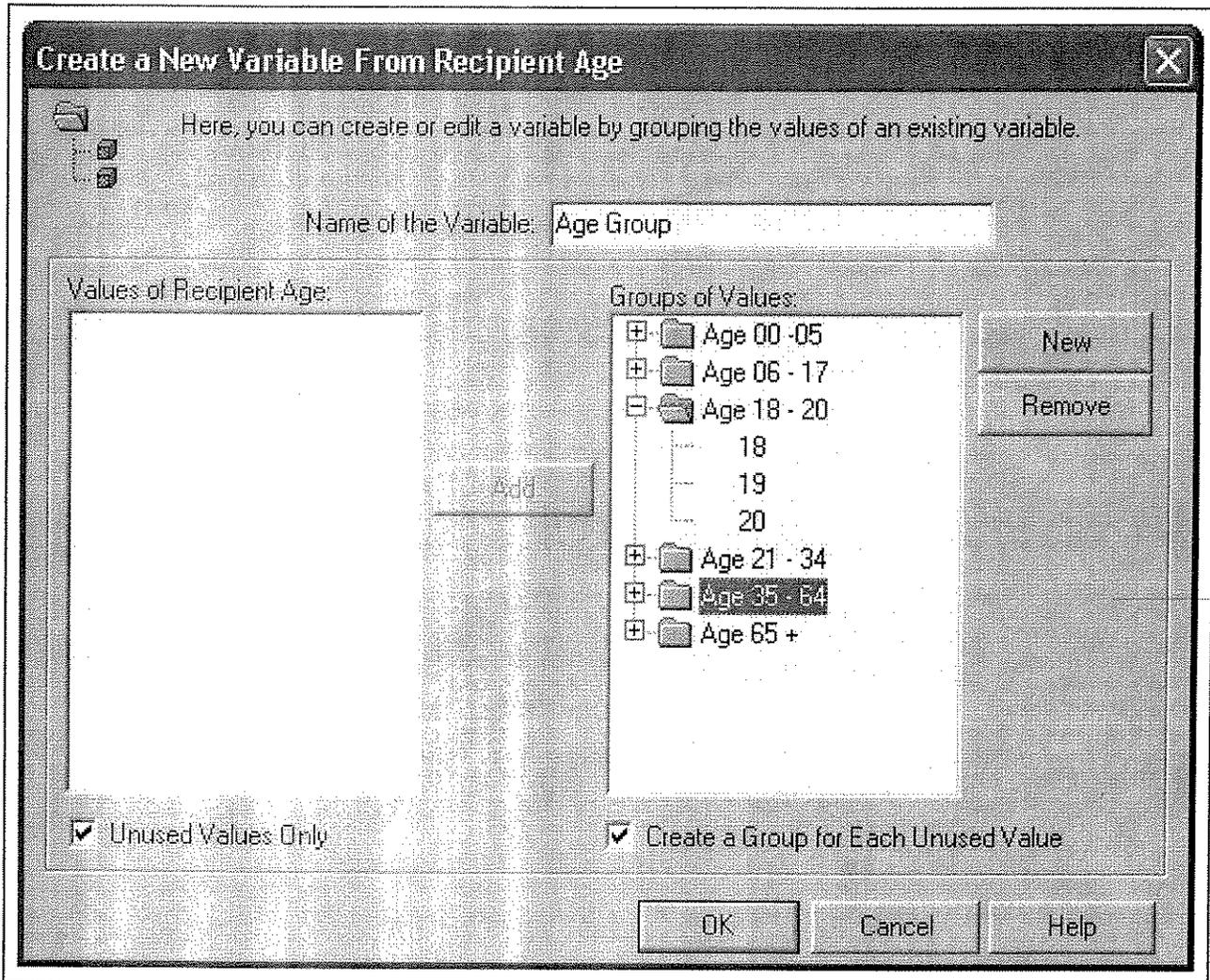
To create a grouping of data, select the Age field and click Group on the Variables window. The example in this manual selects age simply as a demonstration of the capabilities of the tool. You can apply the same process and logic to group other variables as needed.

To create the group, add to the Group of Values field on the window.



Although the design of the DSS contains age groups and other features, you will probably encounter many ad hoc queries where specific groupings will be beneficial in presenting information.

As indicated in the next window, the names of the groups can be modified. To add age values to these groups, select the age from the list on the left and click Add to move it into the group.



9.5 Automatic Updates of Amounts and Counts

This example shows the age groups on the report. You can always drill back down to the lower ages, if necessary. To get a high-level view of the recipients reporting by age group is effective.

Amounts and Counts By Recipient Age

Run Date: 08/19/2004
 Run Time: 01:20:03 PM
 User ID: rztldy

Recipient Count	Recipient Sex Description	Paid Count	Avg Cost Per Recipient	Paid Amount	Age Group
3,731	F - Female	3,571	\$3,101.66	\$11,572,308.99	Age 65 +
1,738	M - Male	1,657	\$4,198.53	\$7,297,044.22	Age 65 +
5,620	F - Female	5,162	\$4,317.65	\$24,265,164.99	Age 35 - 64
5,904	M - Male	5,331	\$5,192.29	\$30,655,270.35	Age 35 - 64
4,144	F - Female	3,903	\$3,148.92	\$13,049,117.27	Age 21 - 34
2,601	M - Male	2,431	\$4,776.58	\$12,423,866.53	Age 21 - 34
1,298	F - Female	1,247	\$3,703.60	\$4,807,532.83	Age 18 - 20
728	M - Male	686	\$6,936.68	\$5,049,902.79	Age 18 - 20
1,414	F - Female	1,392	\$8,600.70	\$12,161,390.76	Age 06 - 17
1,720	M - Male	1,672	\$13,078.42	\$22,494,884.93	Age 06 - 17
1,907	F - Female	1,866	\$4,556.23	\$8,688,736.27	Age 00 - 05
7,189	M - Male	7,106	\$5,133.31	\$36,705,076.70	Age 00 - 05

9.6 Adding Calculations to a Report

Often by adding simple calculation fields to a report (totals, averages, etc) the interpretation of results will be more complete. The following example shows how to quickly add totals to a report.

First, begin with a query result as shown in the window below:

BusinessObjects - Claims Analysis.rep - [rztldy]

File Edit View Insert Format Tools Data Analysis Window Help

75%

Department of Public Welfare
Recipients By Procedure and Diagnosis Code

Run Date: 08/19/2004
 Run Time: 11:28:36 AM
 User ID: rztldy

Recipient ID	Primary Diagnosis Description	Recipient Age	Recipient County Code Description	Reimbursed Amount	Paid Count	Procedure Description
001163820	8208 - FX NECK OF	78	01 - Adams	\$3,583.26	1	WD305 - CASE MI
001015272	7580 - DOWN'S SYNDRO	83	01 - Adams	\$4,084.87	1	WD305 - CASE MI
250154342	73313 - PATH FRACTURE	91	01 - Adams	\$5,590.30	2	WD305 - CASE MI
320152230	438 - CVA	72	01 - Adams	\$47,121.86	10	WD305 - CASE MI
330154301	2781 - HYPQSMOLALITY	95	01 - Adams	\$3,091.87	1	WD305 - CASE MI
370154570	74200 - ANOMAL GTH SF	87	01 - Adams	\$2,807.07	1	WD305 - CASE MI
620154422	7693 - DEBILITY NOS	74	01 - Adams	\$2,220.08	1	WD305 - CASE MI
780109990	3192 - PROFOUND MEN	13	01 - Adams	\$4,398.71	1	WD390 - ICF SEP
910100305	8290 - FX TRIMALL	88	01 - Adams	\$267.80	1	WD305 - CASE MI

End of Report

To add a calculated field (total) at the bottom of the reimbursed amount column of the report, first click in the reimbursed amount column to highlight that part of the table.

Then right click to bring up the options available to perform. Then select "calculations" from the list.

BusinessObjects - Claims Analysis.rep - [rztldty]

File Edit View Insert Format Tools Data Analysis Window Help

75%

=<Reimbursed Amount>

Variables
Formulas

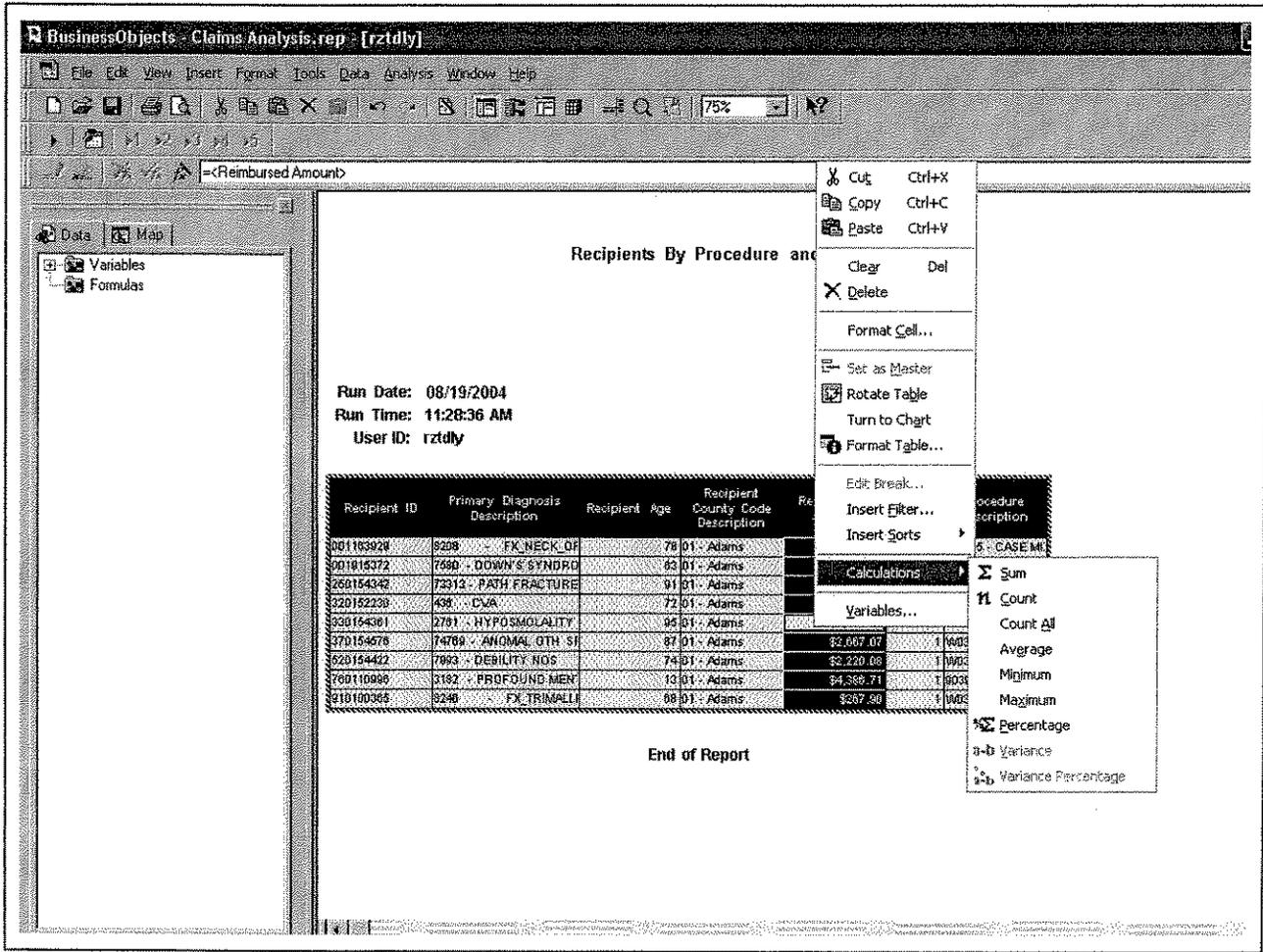
Recipients By Procedure and

Run Date: 08/19/2004
Run Time: 11:28:36 AM
User ID: rztldty

Recipient ID	Primary Diagnosis Description	Recipient Age	Recipient County Code Description	Reimbursement Amount	Procedure Description
001103829	8208 - FX NECK OF	78	01 - Adams		CASE MIT
001918372	7480 - DOWN'S SYNDRO	03	01 - Adams		CASE MIT
250154242	73313 - PATH FRACTURE	81	01 - Adams		CASE MIT
330152230	438 - CVA	72	01 - Adams		CASE MIT
330154361	2781 - HYPOSMIALITY	95	01 - Adams		CASE MIT
570154378	74759 - ANOMAL OTH SF	87	01 - Adams	\$3,867.87	1 - MD305 - CASE MIT
520154422	7983 - DEBILITY NOS	74	01 - Adams	\$2,220.00	1 - MD305 - CASE MIT
780110999	0182 - PROFOUND MEN	13	01 - Adams	\$4,380.71	1 - MD305 - ICF SER
910180385	8246 - FX TRIMALI	88	01 - Adams	\$267.90	1 - MD305 - CASE MIT

End of Report

When “calculations” is highlighted, the second drop down box of available calculations is displayed as shown below. Then select any one or multiple calculation fields to add to the report. For this example, selects the “Sum” option.



This example demonstrates how a total line can be added at the bottom of a query or how other features such as calculating the average of a column can be added. These features are designed to provide additional value to the report.

The resulting report shows that the reimbursed amount column has been summed to a total of \$72,994.84. So very quickly you can take a raw detailed report and get the total amount reimbursed bringing a more complete understanding of the total amount reimbursed for the specific query created.

BusinessObjects - Claims Analysis.rep - [rztldly]

Run Date: 08/19/2004
Run Time: 11:28:36 AM
User ID: rztldly

Recipient ID	Primary Diagnosis Description	Recipient Age	Recipient County Code	Reimbursed Amount	Paid Count	Procedure Description
001183929	6204 - FX NECK, DE	79	01 - Adams	\$6,587.36	1	WD305 - CASE M
001915372	7680 - DOWN'S SYNDRO	63	01 - Adams	\$4,065.97	1	WD305 - CASE M
200154342	73013 - PATH FRACTURE	91	01 - Adams	\$5,590.30	2	WD305 - CASE M
320152230	438 - CVA	72	01 - Adams	\$47,121.85	10	WD305 - CASE M
320154341	2781 - HYPOSMOLALITY	98	01 - Adams	\$3,091.87	1	WD305 - CASE M
370154876	74700 - ANOMAL DTH SE	87	01 - Adams	\$2,597.07	1	WD305 - CASE M
520164472	7693 - DEBILITY NOS	74	01 - Adams	\$2,220.05	1	WD305 - CASE M
700110698	2182 - PROFOUND MEN	13	01 - Adams	\$4,386.71	1	WD380 - ICF SER
910100385	8246 - FX TRIMALL	68	01 - Adams	\$297.90	1	WD305 - CASE M
			Sum:	\$72,994.84		

End of Report

9.7 Slice and Dice

There are many ways to manipulate the output data sets with the tool BusinessObjects. One of the ways to quickly re-organize a report is through a feature called “slice and dice.” The best explanation of slicing and dicing data is through seeing an example.

The following window is a query result, which is organized by claim type as shown in the first column. To access the slice and dice feature, simply click on the function button that looks like a X and Y axis graph. This button is three from the left of the reporting sizing option.

BusinessObjects - Claims Analysis.rep - [rztldly]

File Edit View Insert Format Tools Data Analysis Window Help

75%

Data Map

- Variables
- Formulas

Recipients By Procedure and Diagnosis Code

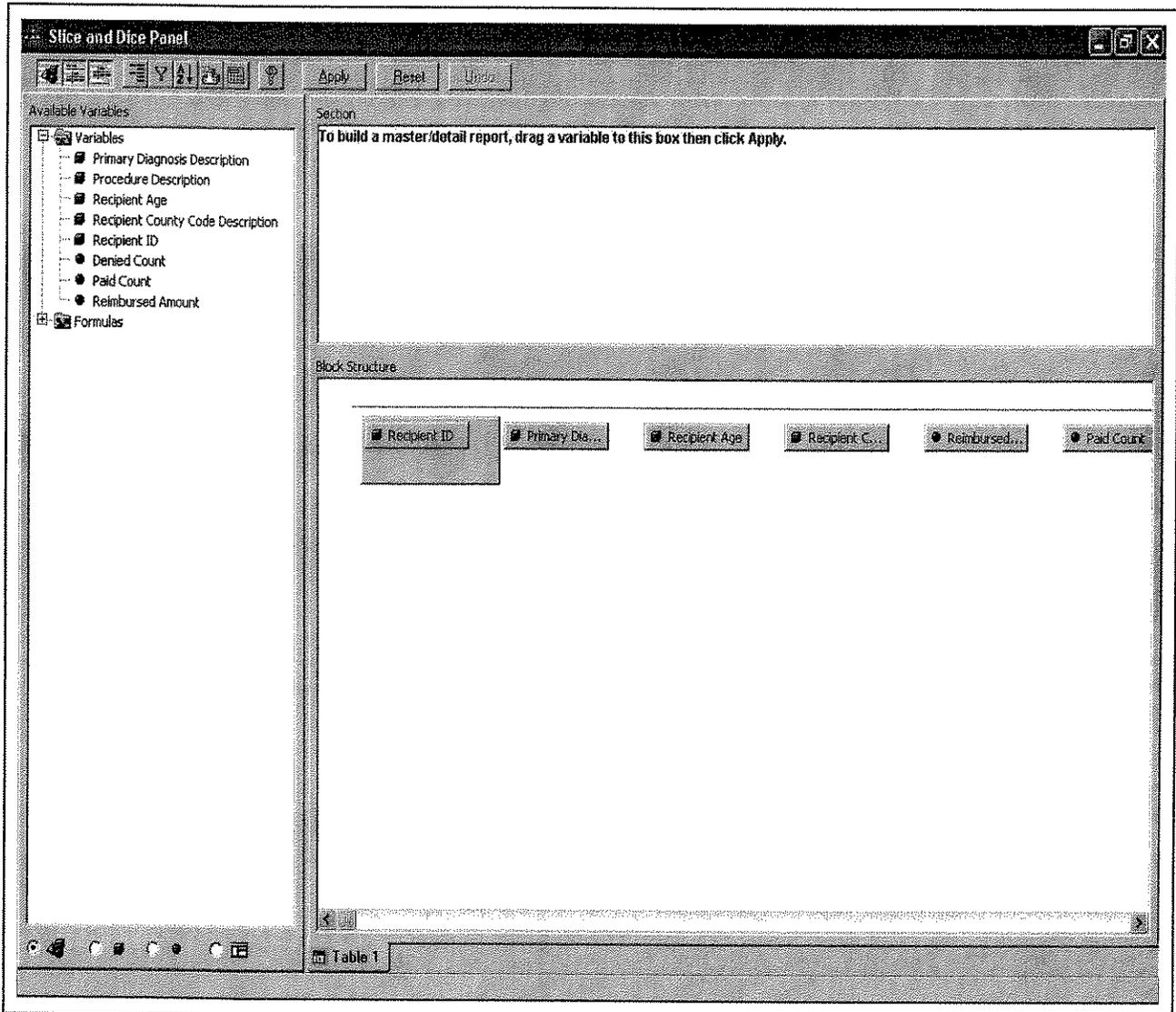
Run Date: 08/19/2004
 Run Time: 11:28:36 AM
 User ID: rztldly

Recipient ID	Primary Diagnosis Description	Recipient Age	Recipient County Code Description	Reimbursed Amount	Paid Count	Procedure Description
001103929	5208 - FX NECK OF	78	01 - Adams	\$9,563.29	1	W0305 - CASE MC
001915372	7580 - DOWN'S SYNDRO	83	01 - Adams	\$4,065.07	1	W0304 - CASE MC
250154342	73113 - PATH FRACTURE	91	01 - Adams	\$5,360.30	2	W0305 - CASE MC
320152230	439 - CVA	72	01 - Adams	\$47,121.95	10	W0305 - CASE MC
330154381	2791 - HYPOSMGLALITY	95	01 - Adams	\$1,091.07	1	W0305 - CASE MC
970154576	74769 - ANOMAL OTH SE	87	01 - Adams	\$2,067.07	1	W0305 - CASE MC
520154422	7993 - DEBILITY NOS	74	01 - Adams	\$2,229.09	1	W0305 - CASE MC
760110996	3182 - PROFOUND MEN	13	01 - Adams	\$4,399.71	1	90390 - ICF SEP
810100385	8240 - FX TRBALLI	88	01 - Adams	\$267.90	1	W0305 - CASE MC

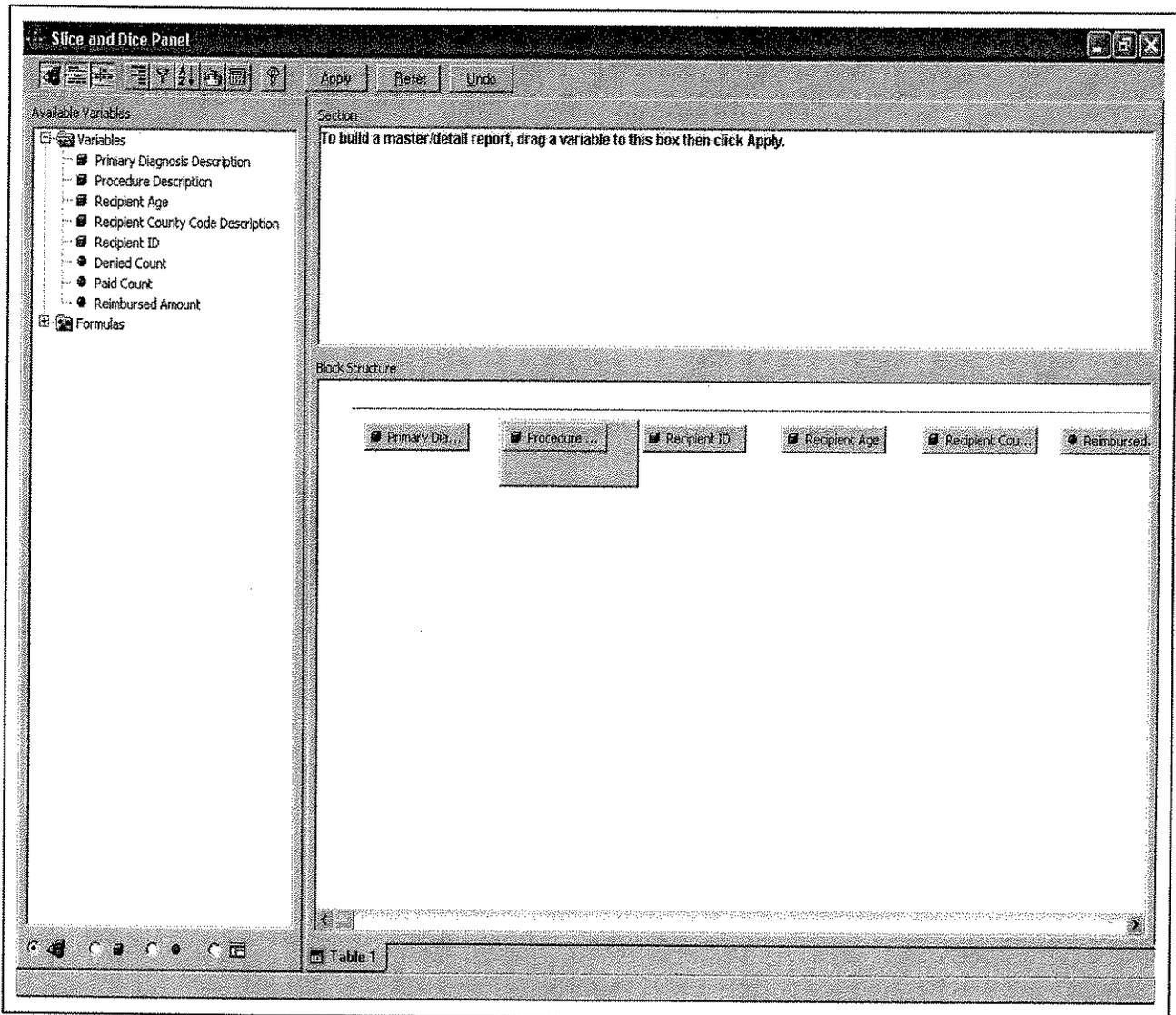
End of Report

Once this feature is selected, the slice and dice panel is displayed. Here you can modify the data organization of the report. For example, as can be seen on the original report and within the slice and dice panel, “recipient ID” is the first object in the result set list.

If you want the report organized by diagnosis code, simply click on the diagnosis code object and drag it left and drop it in the first position in the list of attributes.



The resulting window shows the reordered slice and dice panel with primary diagnosis as the first object in the list of report fields.



With the fields in the desired order, the next step is to click the "Apply" button at the top of the window to apply the data ordering modifications that have been made in the slice and dice panel.

After clicking the Apply button, go back to the BusinessObjects document and the resulting report is in the order specified on the slice and dice panel. As shown in the window below, the report is now ordered by the diagnosis code field.

BusinessObjects - Claims Analysis.rep. - [rztldly]

File Edit View Insert Format Tools Data Analysis Window Help

75%

Data Map

Variables

- Primary Diagnosis Description
- Procedure Description
- Recipient Age
- Recipient County Code Description
- Recipient ID
- Denied Count
- Paid Count
- Reimbursed Amount

Formulas

Recipients By Procedure and Diagnosis Code

Run Date: 08/19/2004
Run Time: 11:28:36 AM
User ID: rztldly

Primary Diagnosis Description	Procedure Description	Recipient ID	Recipient Age	Recipient County Code Description	Reimbursed Amount	Paid Count
2761 - HYPOSMOLALITY	W0305 - CASE ME	330104061	95	01 - Adams	\$3,067.07	1
3182 - PROFOUND MEN	90399 - ICF SEP	760110095	19	01 - Adams	\$4,388.71	1
438 - CVA	W0305 - CASE ME	320152230	72	01 - Adams	\$47,121.85	10
79319 - PATH FRACTURE	W0305 - CASE ME	250154342	91	01 - Adams	\$6,580.30	2
74269 - ANOMAL OTH. S	W0305 - CASE ME	370154678	87	01 - Adams	\$2,967.07	1
7580 - DOWN'S SYNDRO	W0305 - CASE ME	001915372	83	01 - Adams	\$4,085.97	1
7993 - DEBILITY NOS	W0305 - CASE ME	420154422	74	01 - Adams	\$2,228.08	1
8208 - FX NECK OF	W0305 - CASE ME	001163829	78	01 - Adams	\$3,581.20	1
8246 - FX TRIMALL	W0305 - CASE ME	010106385	88	01 - Adams	\$287.90	1

End of Report

Slice and dice is a quick way to take one report and get many multiple view of the result set without having to re-query the database.

9.8 Report Formatting Capabilities

The DSS can display essential facts and trends in charts and graphs, which help viewers in interpreting the data.

The DSS also lets you combine tables, charts, and other application objects into a single report. The DSS furnishes the capabilities to perform the following:

- Create bar charts, pie charts, stacked and side-by-side bar charts, single and multiple line charts, three-dimensional graphs, tree graphs, probability plots, and other common graphical presentation methods.
- Customize the attributes of charts, including the orientation, legends, intervals, and scaling.

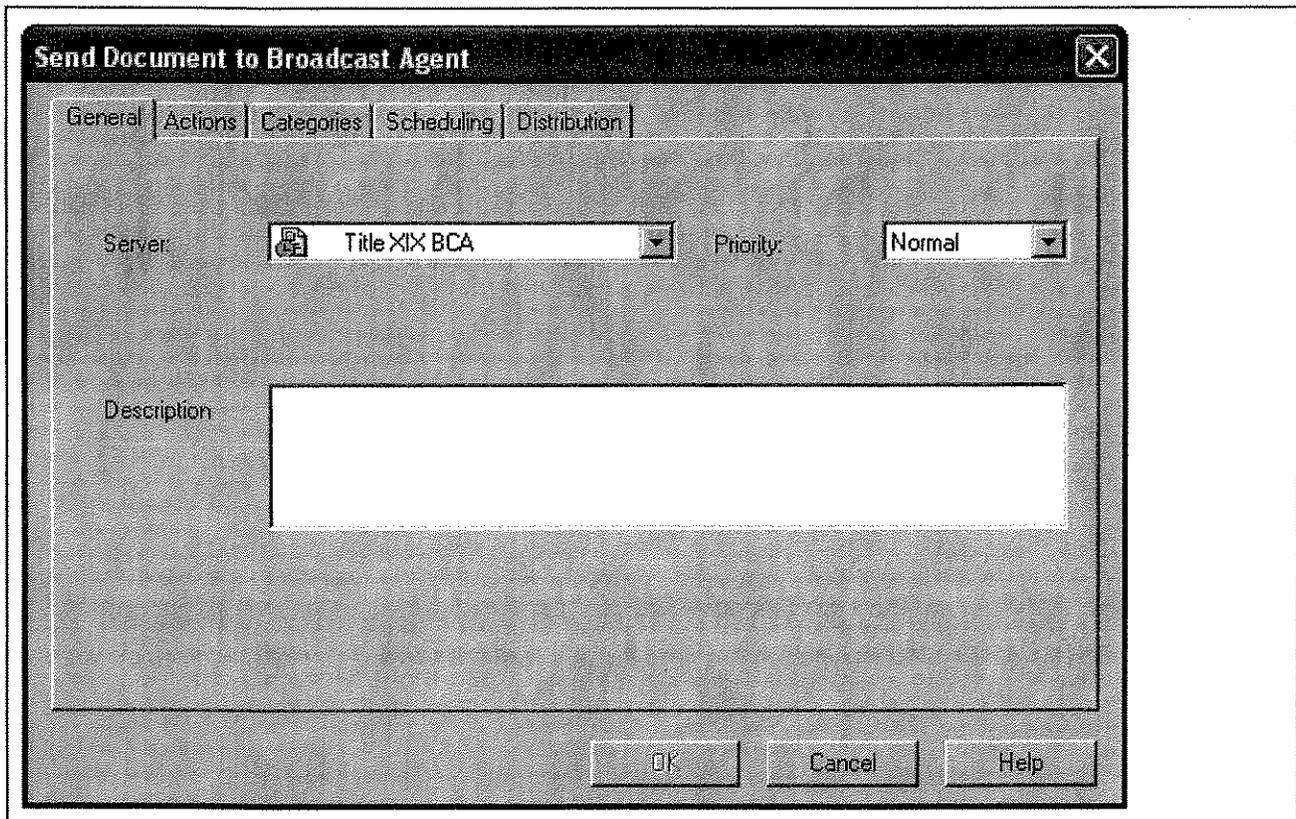
- Import, export, and manipulate data files with spreadsheet and database management tools, such as Microsoft Access or Paradox.
- Manipulate the font style and size of text or number.
- Edit, shadow, mirror, highlight, or change axes.
- Interface with a variety of printers, including laser, dot matrix, and plotter.
- Print gray scale, patterns, and symbols.

10 Batch Query and Exchanging Documents Capabilities

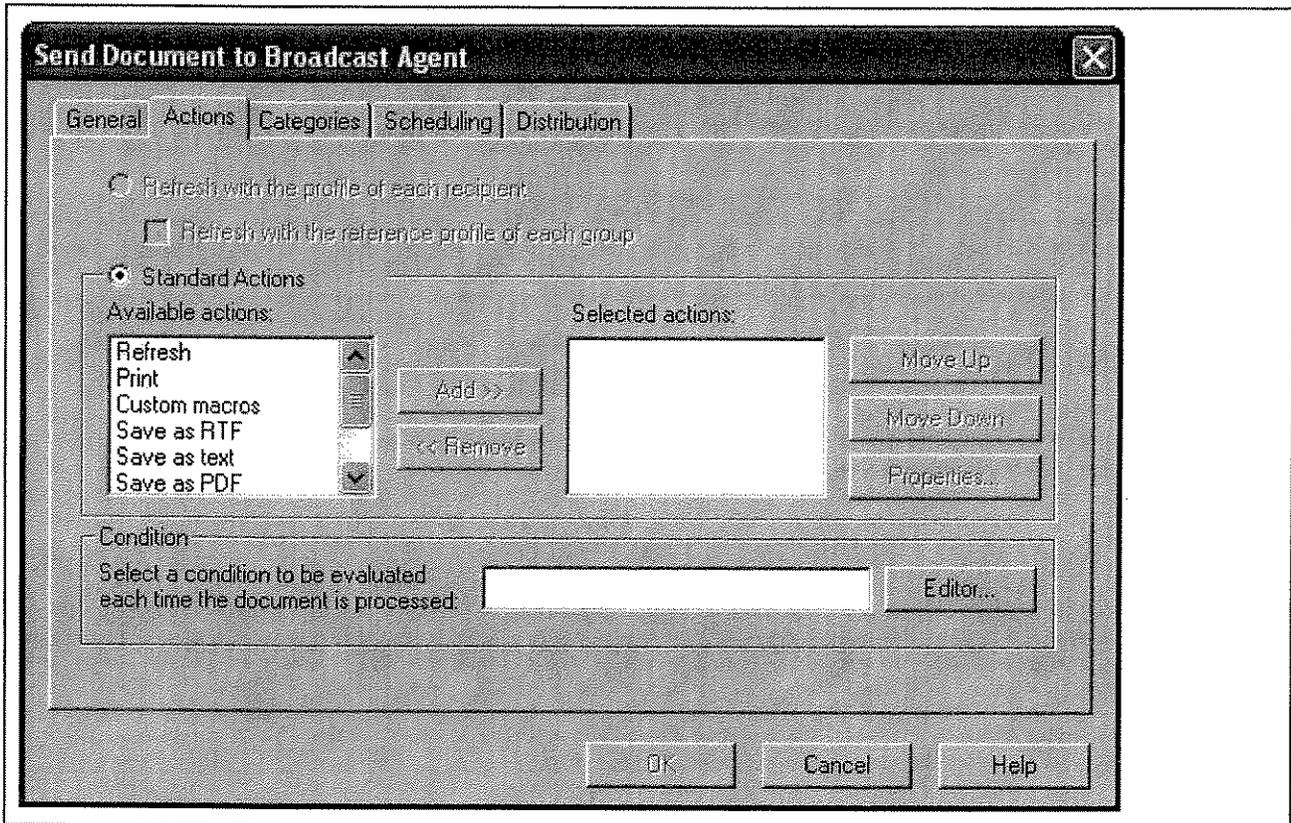
Reports can either be run at the desktop or submitted to the Broadcast Agent Server, as shown below. Typically the scheduler will run complex reports in the background, or to establish a set schedule for report generation and distribution of the results. The following views demonstrate the flexibility of the batch query capabilities.

10.1 Broadcast Agent

Within the Query Panel menu structure, select the Send To Broadcast Agent. The Broadcast Agent panel displays, on the first tab, enter a description of the report. This is the first of five tab windows

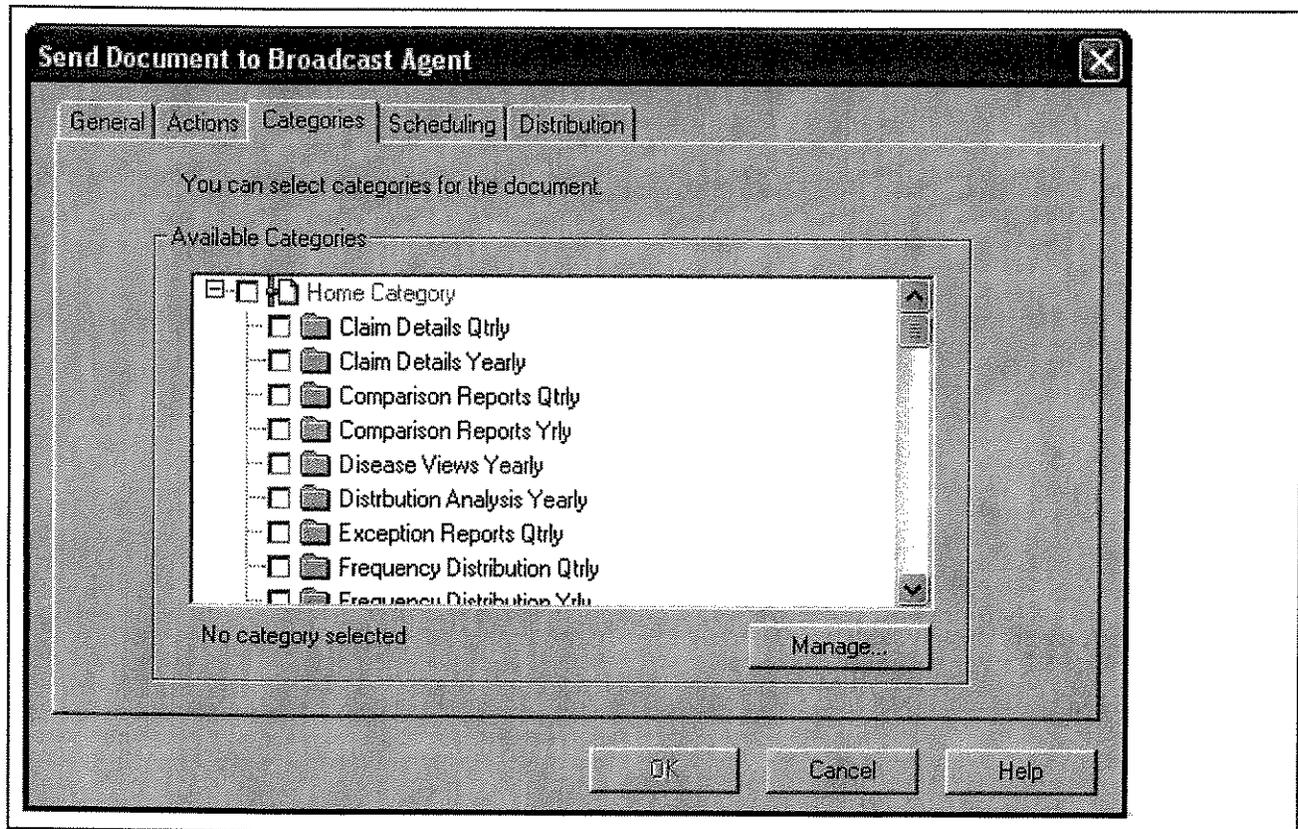


10.1.1 Broadcast Agent Report Refresh



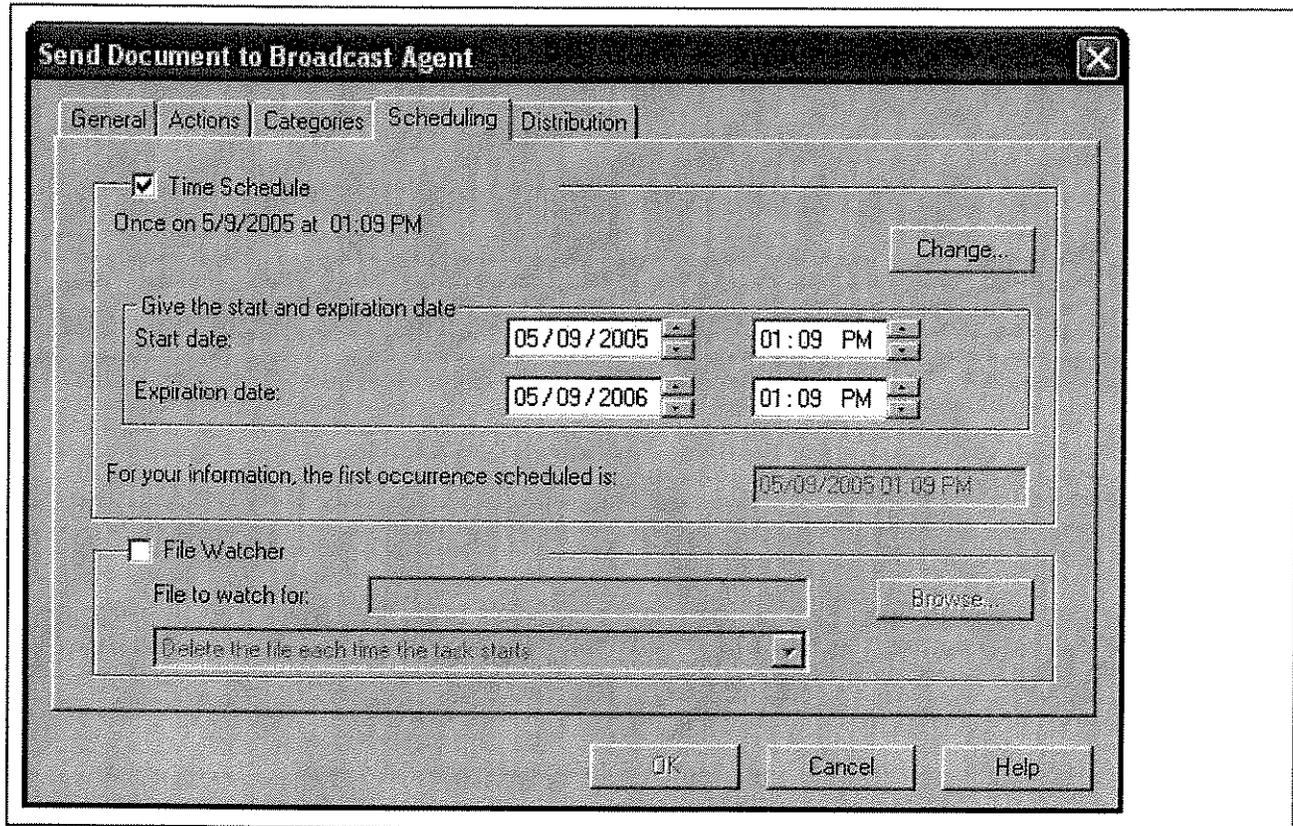
10.1.2 Report Categories

In the Actions tab, specify that the report be refreshed, as well as other options as listed in the graphic. Here output can be tailored as needed. For example a report could be saved as PDF form. The advantage of that form is that the report could then be scanned into an on-line reporting library such as Computer Optical Laser Disk (COLD) for long-term storage.



10.1.3 Scheduling a Report

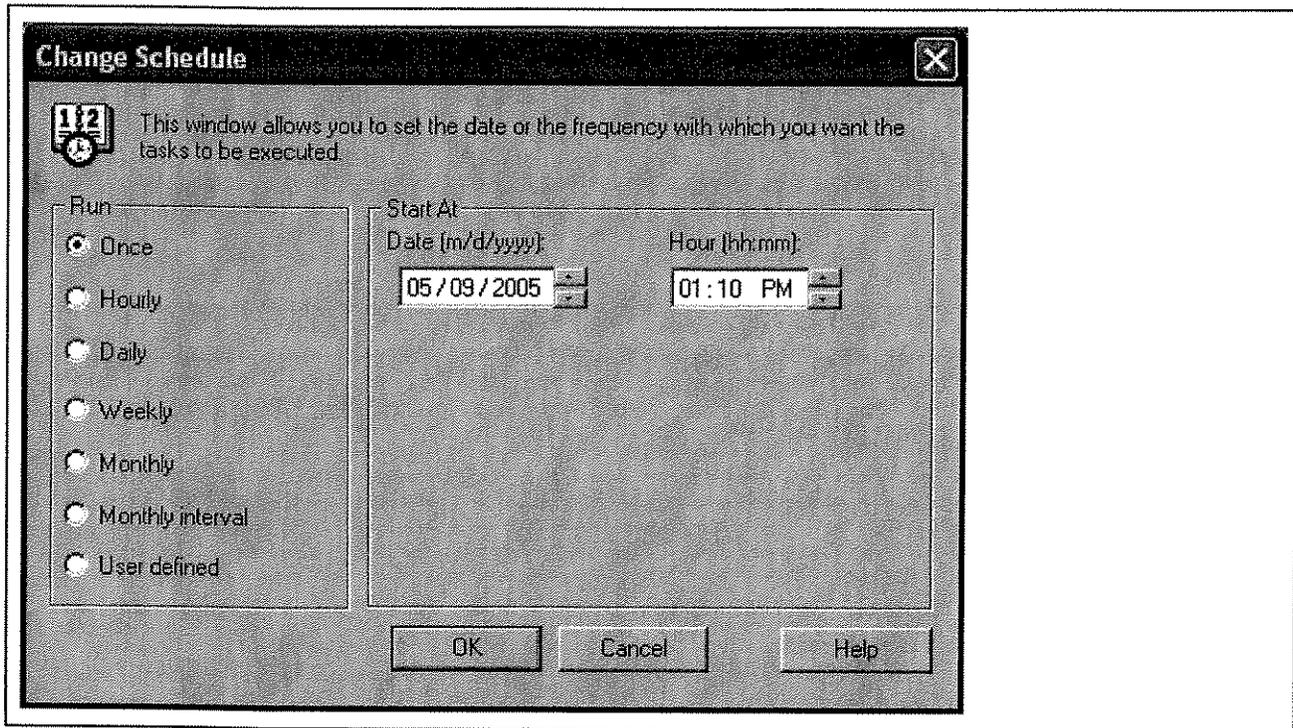
Predefined categories can be used to store results. These categories can help in organizing a user's information sets.



On the Scheduling tab, specify the date and time the report will run. The execution date and time can be modified by selecting the Change button. By scheduling reports at “off-peak” times, an analyst is effectively lengthening the productive day. Now reports can be run in the evenings and will be ready when you come in the next morning.

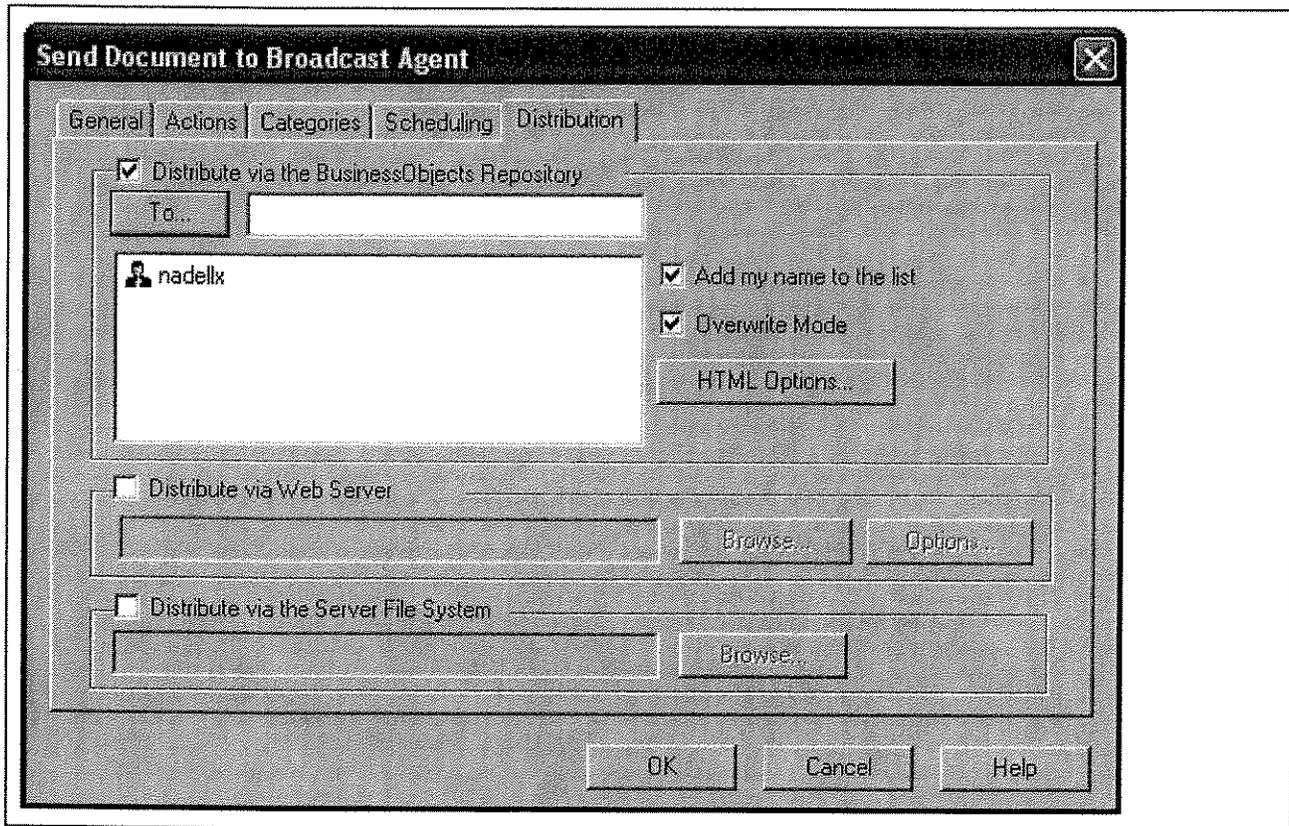
10.1.4 Report Scheduling by Frequency

This panel modifies the date and time that the report will run, which is important when reports need to run weekly, monthly, quarterly, or annually.



10.1.5 Report Distribution

You can specify to whom the query results are sent. Results can be sent to individuals or groups of users. The following window shows the window that determines the distribution of the report.



The system sends a notification when the report is complete. Additionally, you can view all the reports submitted to Broadcast Agent and monitor them, if desired.

The Distribute via Web Server will save the document in HTML format and publish it on the Web. The box below this option is where you can select the path and the folder on the Web server where you want the report to be published to. To specify the folder, click the Browse button or type in the path name in the box.

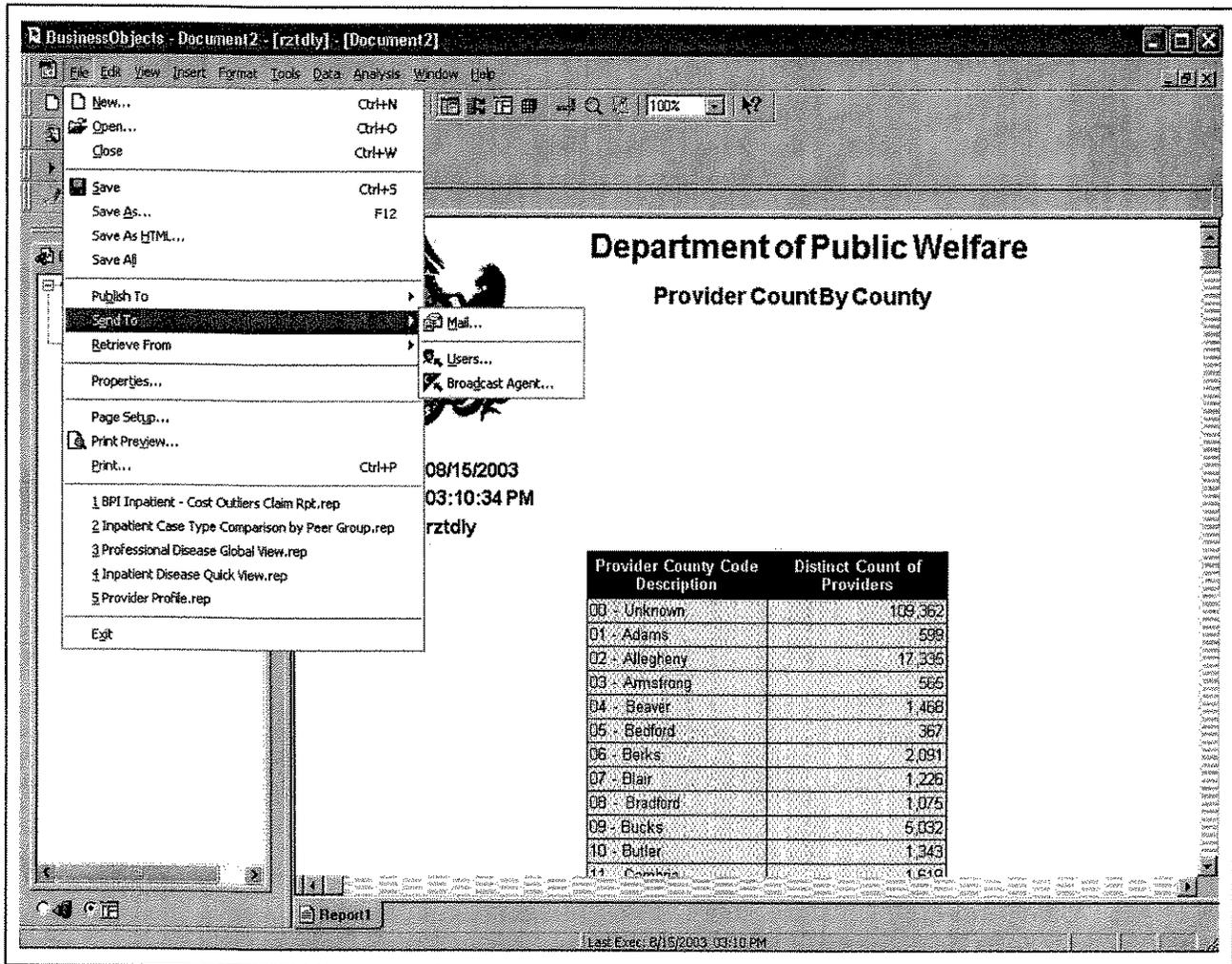
The Distribute via the server file system will send the document to the designated path on your organization's file system (LAN). The box below this option is where you can select the path and the folder on the file system where you want the report to be published to. To specify the folder, click the Browse button or type in the path name in the box.

10.2 Exchanging Documents

BusinessObjects reports can be exchanged between BusinessObjects users. When a report is sent to another BusinessObjects user, the report is placed in their Inbox. The next time the user logs in to BusinessObjects, a popup window will display to say that a report is waiting. The BusinessObjects user can also check their inbox any time they are logged into BusinessObjects. Here are the steps to take when a BusinessObjects report needs to be sent to another BusinessObjects user:

1. Open or Create the BusinessObjects report.

2. There are two ways to send a BusinessObjects document to another BusinessObjects user:
 - a. The first way is to click on the send to users icon in the toolbar. If the icon is not visible, click on View Toolbars and check the Document Exchange option.



- b. The second way is to select File...Send To...User

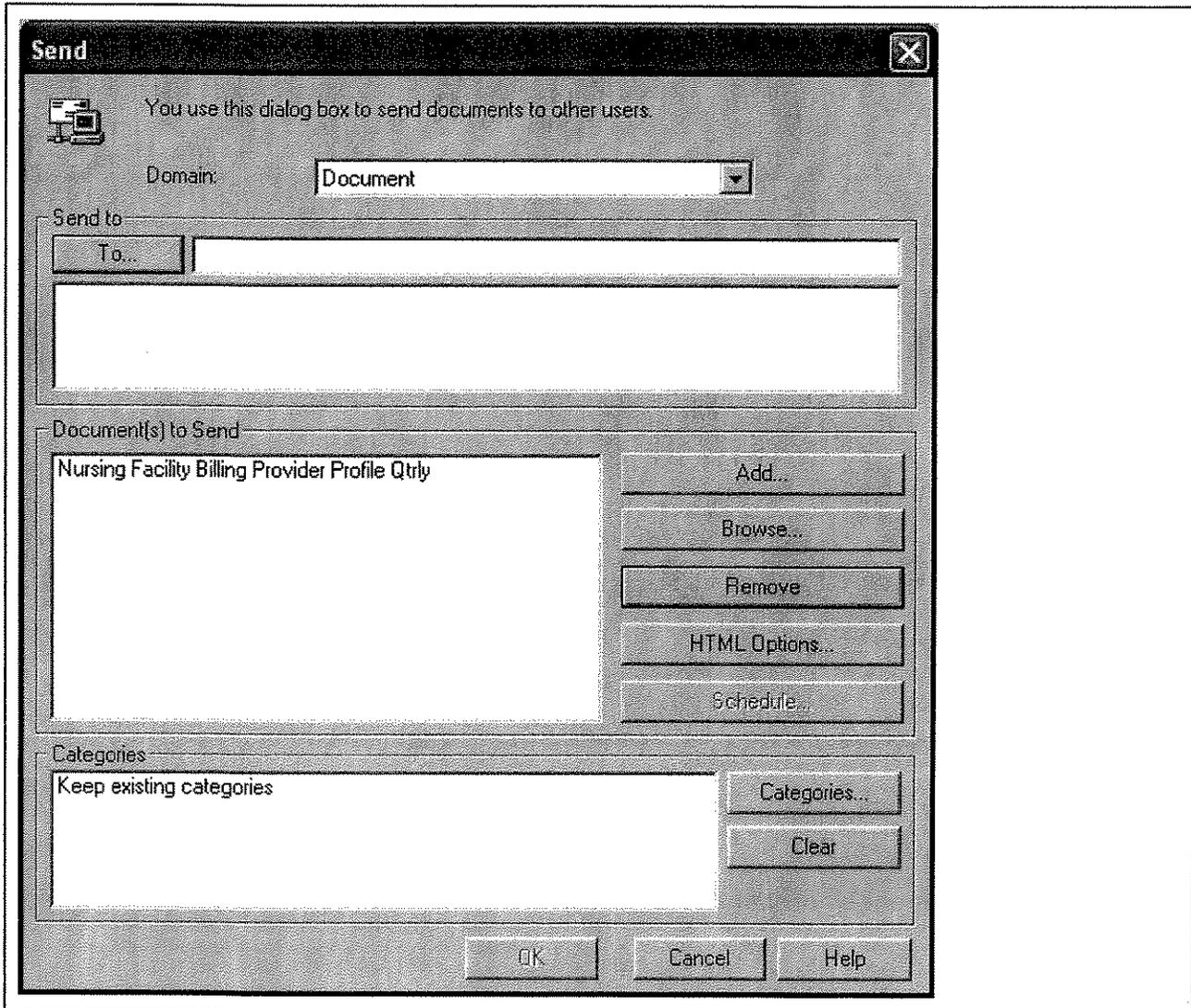
The screenshot shows the BusinessObjects interface with a report titled "Provider Count By County". The report displays a table with two columns: "Description" and "Provider Count". The data is as follows:

Description	Provider Count
WIS	141.00
EN	3,404.00
THOLOMEW	766.00
TON	49.00
CKFORD	92.00
INE	345.00
WN	49.00
ROLL	92.00
S	379.00
RK	942.00
11 - CLAY	162.00
12 - CLINTON	185.00
13 - CRAWFORD	69.00
14 - DAVIESS	281.00
15 - DEARBORN	482.00
16 - DECATUR	222.00
17 - DEKALB	247.00
18 - DELAWARE	1,363.00
19 - DUBOIS	428.00

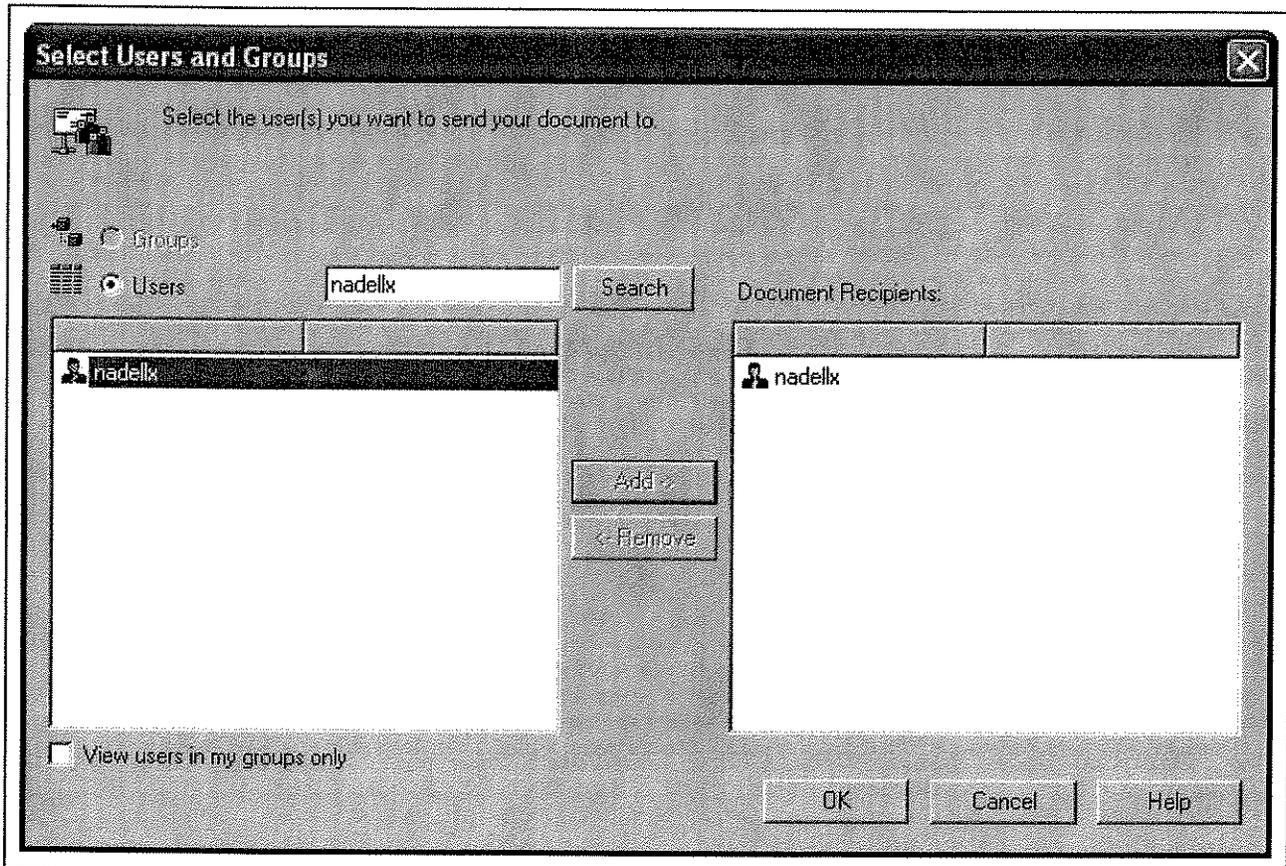
The File menu is open, showing options such as New..., Open..., Save, and Publish To. The "Publish To" sub-menu is also open, showing options like Mail... and Broadcast Agent... The status bar at the bottom indicates "Last Exec: 5/9/2005 01:12 PM".

- When the Send window appears, click the Send button and a list of BusinessObjects user IDs will appear in the window. Select the BusinessObjects ID of the user(s) for whom the report will be sent.

Note: Reports can also be sent to your ID and the report will go into your inbox. This can be helpful if you use more than one PC for BusinessObjects and you need access to a report created by you on a different PC.

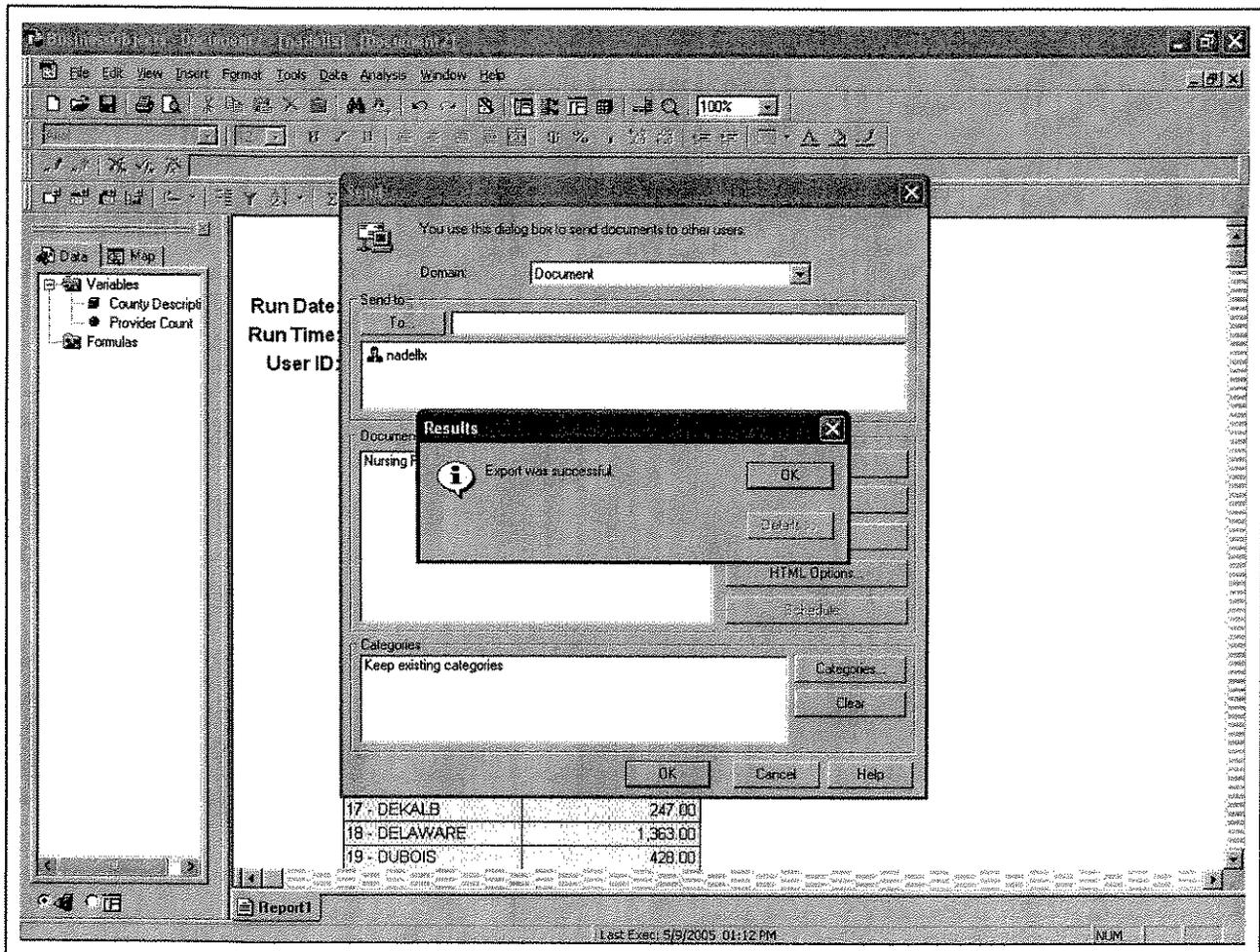


4. Highlight the user ID(s) for whom to send the report, and click the Add -> button in the center of the window. The ID(s) is now placed in the Document Recipients window. When you have selected the IDs, click OK in this window and it will take you to the Send window and show you the IDs you selected.

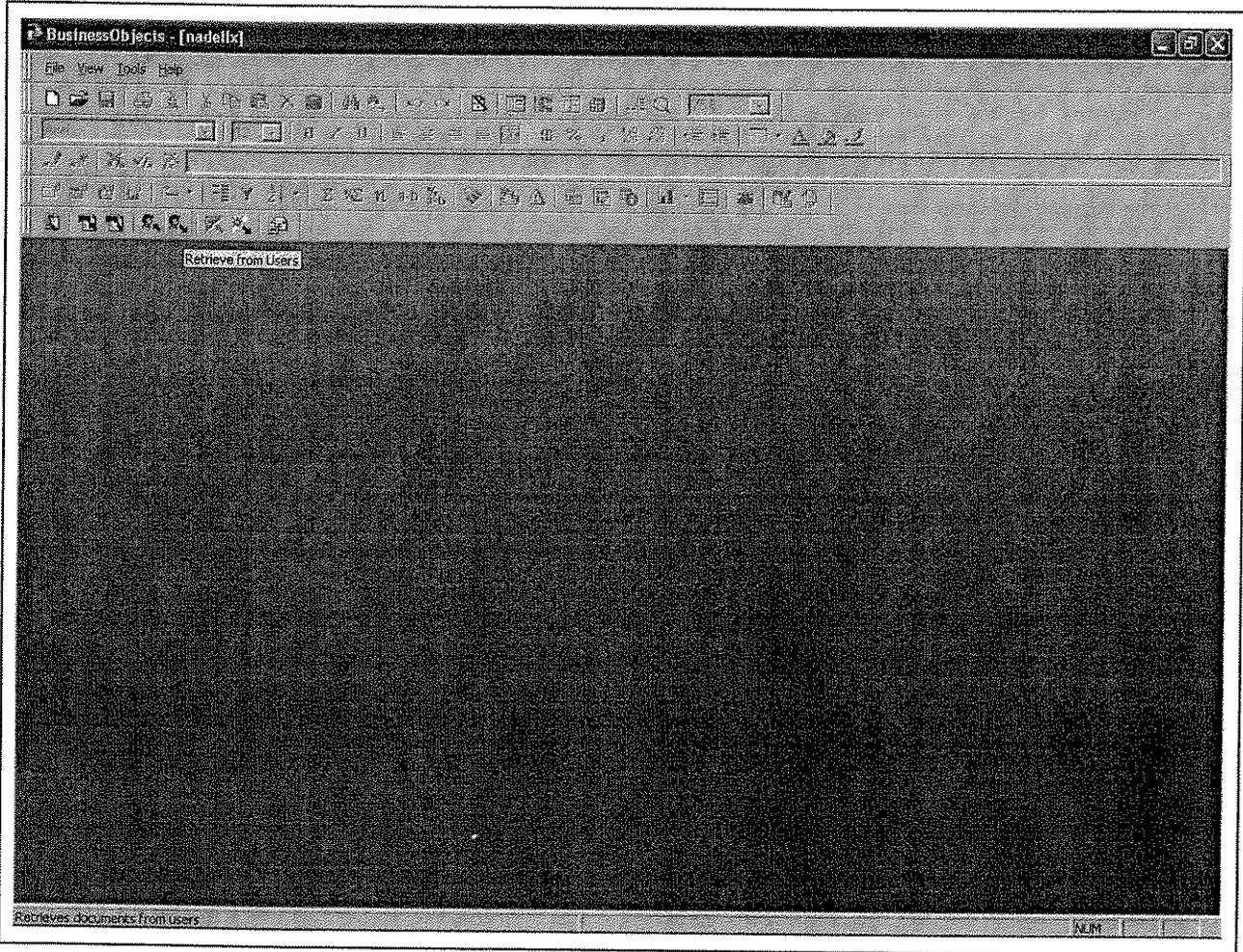


Click OK on this window and the report will be sent to the users you selected.

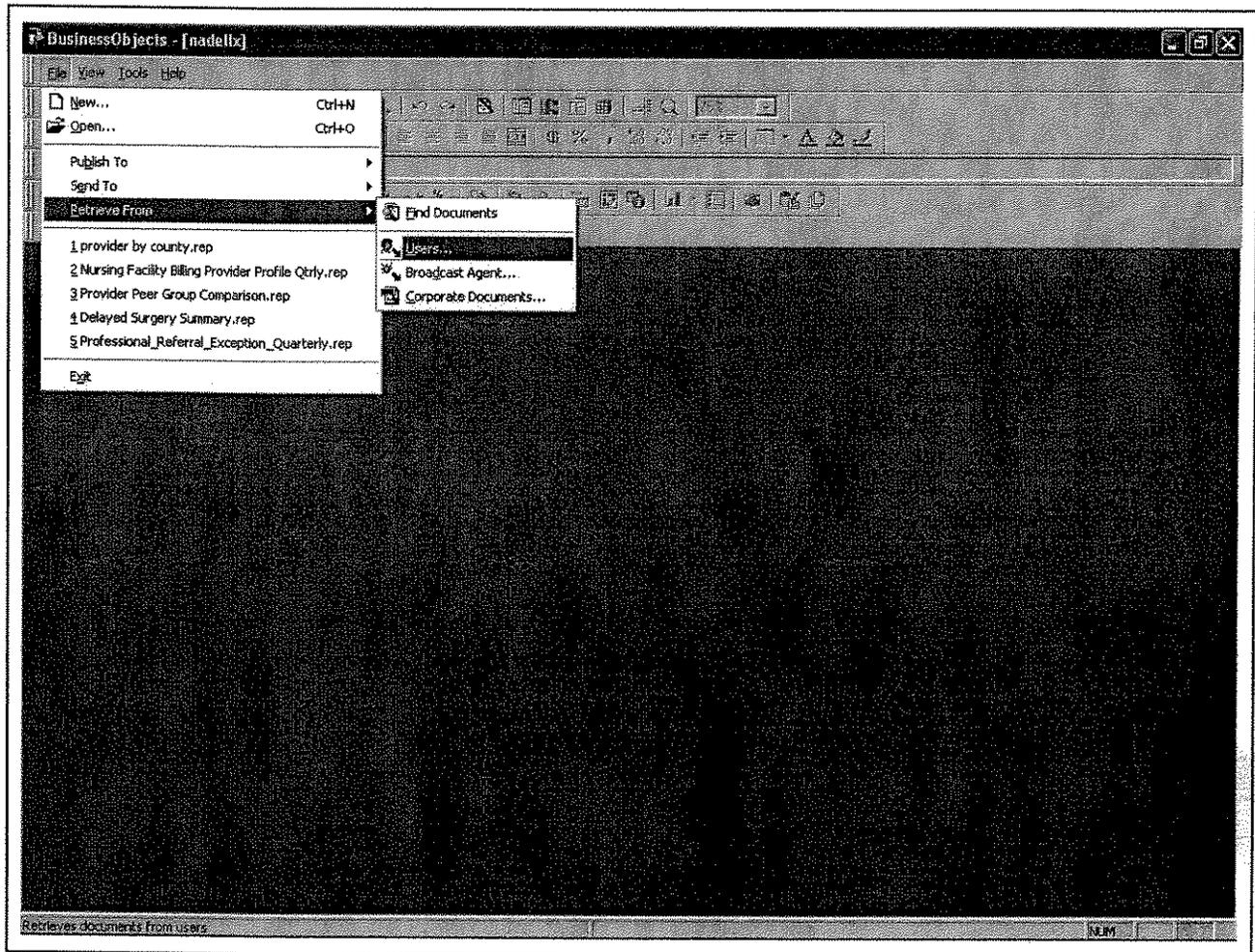
Once the report has been sent, you will see a popup window that says, “Export was successful”.



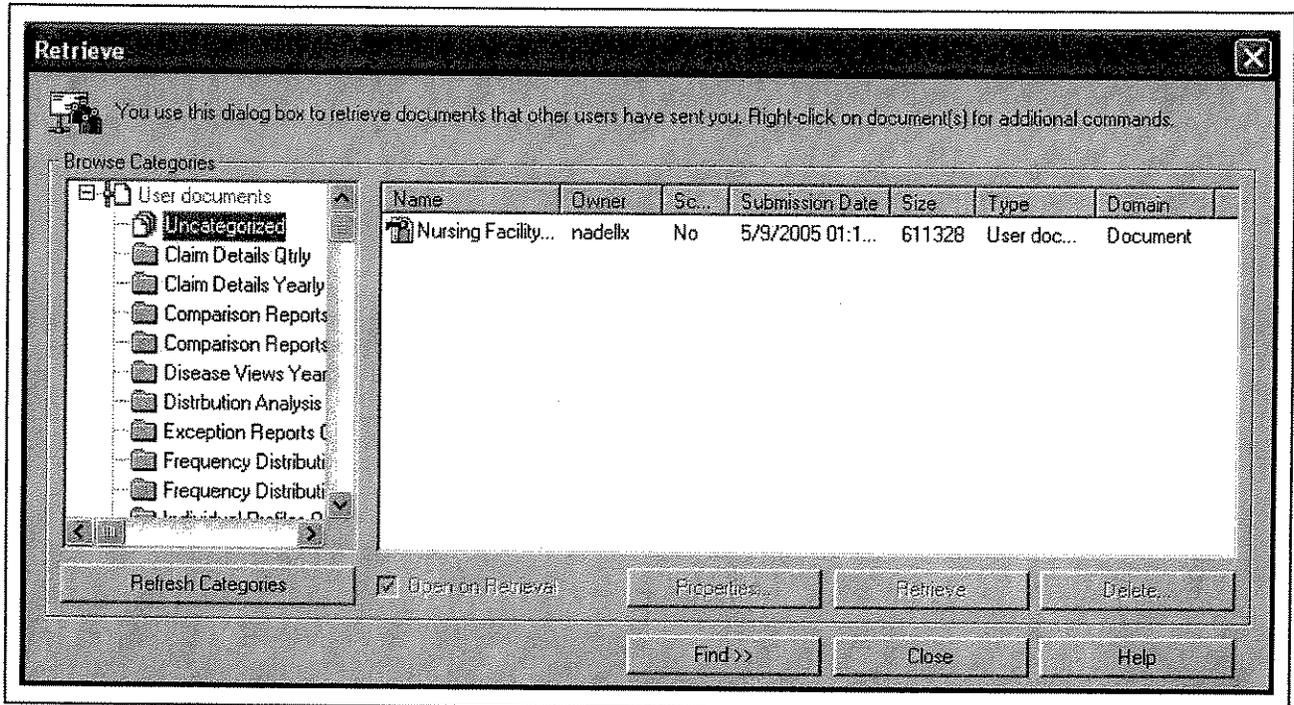
5. To retrieve the report or reports, click OK on the Notification popup window.
6. If the New Report Wizard window comes up, click on the cancel button.
7. Click on the Retrieve from users ICON on the toolbar. If the ICON is not visible, click on View...Toolbars and check the Document Exchange option.



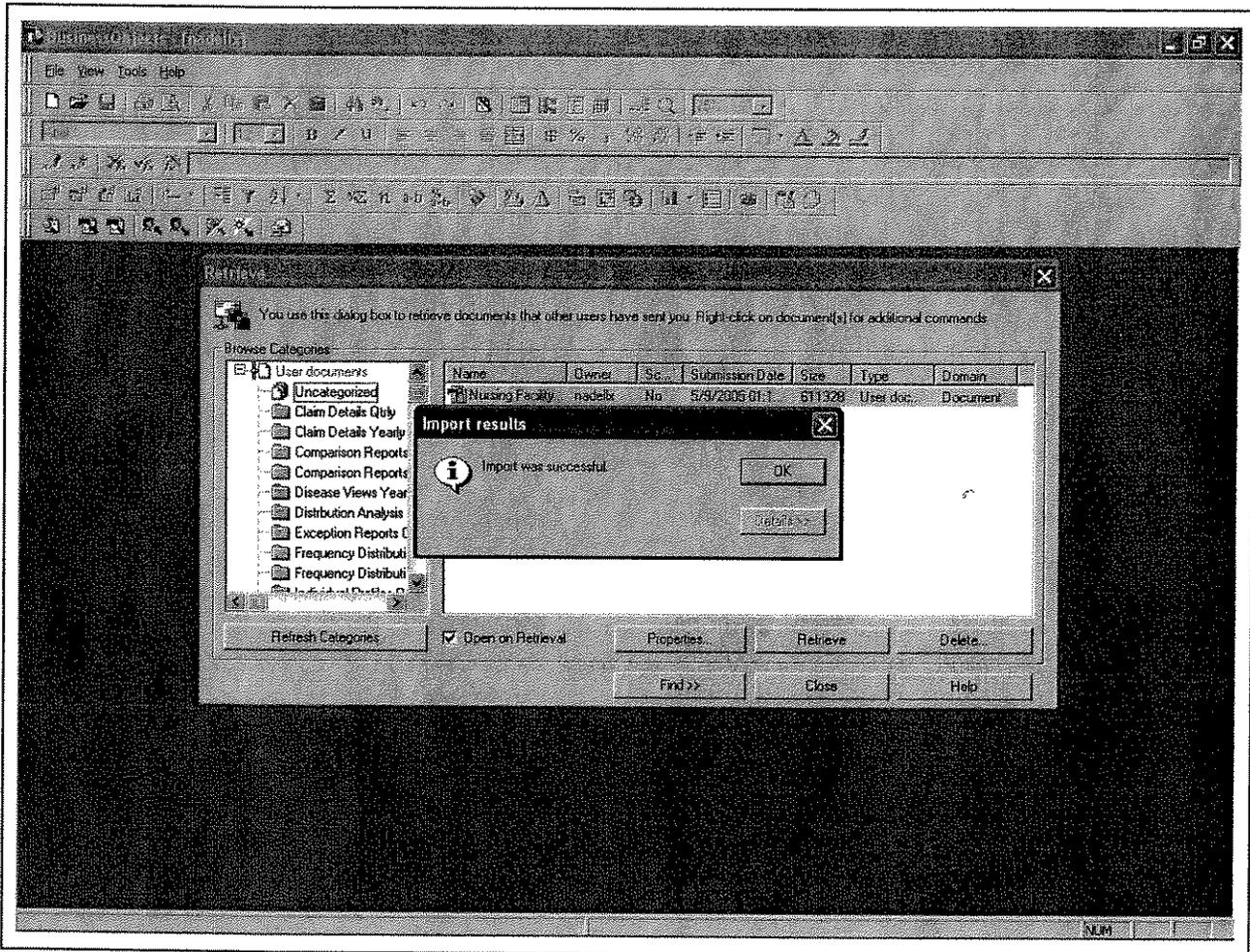
Or you can go to File, Retrieve From, Users. The same process should be followed to retrieve reports from Corporate Documents and the Broadcast Agent.



Find the report(s) you want to retrieve and highlight the report.



- Click on the Retrieve button at the bottom of the window and the report will be retrieved from the Inbox into BusinessObjects. Once the report is retrieved, it will be removed from the Inbox and you must save it to your PC. Once the retrieve process is completed, you will see a popup window that says the Import was Successful. Click OK and the report will be displayed in the BusinessObjects window.



11 Glossary

Word	Description
Ad hoc report	A user configured query to obtain data.
Aggregation Codes	Classifies the providers rendering services to recipients.
Broadcast agent	Scheduler for BusinessObjects report generation to either run complex reports in the background or to establish a set schedule for report generation and distribution of the results.
Case Type	A set of criteria that group claims billed for recipients within a predefined group. Such groups include services performed, diagnosis code, provider type or other parameter. Case Types are not exclusive and can overlap since claims may be included in more than Case Type grouping.
Class	A set, collection, group, or configuration containing members regarded as having certain attributes or traits in common; a kind or category.
Condition	A defined parameter used to restrict or define the data retrieved in a query such as a time period or a single provider.
Drill down	To obtain more detailed information about a particular subject.
Expected Reimbursement Amount	A statistically estimated amount that represents the amount the reimbursement that a provider would be expected to have received for services rendered based on the Age/Gender mix of his patients and the actual reimbursement received by his peer group.
Encounter Data	Claim data for services provided by Managed Care Organizations (MCO).
Export	To transfer results of a query to another medium.
DSS	Decision Support System.
Filter	A single condition or group of conditions used to restrict or focus the data presented in a query.
LTC	Long Term Care.
MMIS	Medicaid Management Information System.
Object	An individual data source such as a provider number, procedure code or date of service.

Word	Description
Refresh	To obtain and add current data to previously run query.
Slice and Dice	An option for resorting data available in BusinessObjects without running new queries.
Sort	Arranging query results by a selected variable such as date of service, provider number, amount paid, etc.
SUR	Surveillance and Utilization Review system
Temp Table	Table created by user to reduce the run time of a query
Universe	A logical grouping of like subject matter such as claims, provider or recipient data